

AMVETS DEPT OF TENNESSEE VETERAN'S RELIEF FUND

**TO DETERMINE ELIGIBILITY YOU MUST PRESENT: DD 214; Proof of income; Picture ID; Proof of Residency in Tennessee at least 30 days; Proof of travel plans; Proof of dependent(s); EBT Card. Additional documents if applicable are: Current bill (utility or medical); rental agreement; proof of marriage
Eligibility form is required for all Non-AMVETS outside the Department of Tennessee

Veterans Information:

Date: ___ / ___ / _____

Last:	First:	Middle:
SSN: - - -	Birth date / /	Suffix:
Branch of service	Entry service / /	Last discharge / /
Discharge status:	Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widower <input type="checkbox"/> Other <input type="checkbox"/> (check one that applies)	

Briefly indicate what type of assistance you are requesting:

1. Have you received any other county's veteran relief/assistance funds in last 12 month? Yes No
2. Have you received any assistance from nonprofit organizations in last 12 months? Yes No

If you answered yes to question 1 or 2, with whom and for what did you receive assistance?

Are you the spouse of a deceased veteran or a primary caregiver for a veteran? Yes No

If so, place your name here.

Last	First:	Middle:
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Contact Information:

Physical address:		
Street:		Apt/Space:
City:		State: ZIP
Mailing address if different from physical:		
Street:		Apt/P.O Box
City:		State: ZIP
Phone Numbers	Cell: (_____) - _____	Other: (_____) - _____
Email	Primary: Secondary:	
Are you homeless? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, are you registered with a homeless shelter or housing program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes who?		

Family information: (ask for additional paper if needed)

Please list all living in household	Relationship to veteran	Age	Is this individual employed? If no, why?
	Spouse/significant other		

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Employment questions: (please fill in best answers)

1. Are you retired? Yes <u> </u> No <u> </u>	2. Are you disabled? Yes <u> </u> No <u> </u>
3. If you answered no to either question, are you seeking employment? Yes <u> </u> No <u> </u>	
If no, why not?	
If going to school are you fulltime parttime trade school mentorship	
If recently unemployed, do you receive unemployment or workers compensation? Yes <u> </u> No <u> </u> If no, why?	

Current financial status:

SOCIAL SECURITY HOUSEHOLD			Rent	\$
Veteran	\$		Fuel for car	\$
Spouse	\$		Utilities	\$
Dependent	\$		Medicine	\$
TOTAL SOCIAL SECURITY HOUSEHOLD			Doctor/dentist	\$
VA pension	\$		Automobile	\$
VA comp/disability	\$		child support or alimony	\$
Unemployment benefits	\$		Credit cards	\$
State industrial	\$		Food	\$
Child support or alimony gross	\$		Clothing	\$
WAGES HOUSEHOLD		Hygiene and miscellaneous	\$	
Veterans	\$	Animals	\$	
Spouses	\$	Cell phone/phone	\$	
Dependents	\$	Cable	\$	
Total wages household		Internet	\$	
Retirement	\$	Total expenses	\$	
Property	\$			
Other income	\$			
TOTAL INCOME		TOTAL INCOME		
		TOTAL EXPENSES		
		DIFFERENCE+/-		

I, the undersigned, swear or affirm that the answers to the questions hereon are true and correct, and I understand that should they prove to be false upon investigation, I may forfeit my right to assistance under the Veteran's Assistance AMVETS "Jim Ferguson" relief fund program and incur such other penalties as may be prescribed by law.

SIGNATURE:

DATE:

(VETERAN OR OTHER APPLICANT)

*******OFFICIAL TN AMVETS USE ONLY*******

I / we hereby certify that I / we have made proper investigation of the above request for assistance. I understand that any assistance will be issued in the form of a voucher or cash at the discretion of the finance committee program administrators.

		<input type="checkbox"/> Marriage/Birth Certificates	<input type="checkbox"/> Residency	<input type="checkbox"/> Income
Finance Committee Member(s) Signature		Date		
APPROVED	DENIED		<input type="checkbox"/> Utility Bill	<input type="checkbox"/> EBT
			<input type="checkbox"/> Form used in verifying military service	<input type="checkbox"/> ID
			<input type="checkbox"/> DD214	<input type="checkbox"/> Rental agreement
			<input type="checkbox"/> Other _____	