

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 _ Married _ Divorced _ Widower _ Other _ (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:

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 _ No _ If yes, are you registered with a homeless shelter or housing program? Yes _ No _			
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 _ No _	2. Are you disabled? Yes _ No _
3. If you answered no to either question, are you seeking employment? Yes _ No _	
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 _ No _ 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.

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Finance Committee Member(s) Signature Date </div> <div style="display: flex; justify-content: space-between;"> APPROVED DENIED </div>	<input type="checkbox"/> Marriage/Birth Certificates	<input type="checkbox"/> Residency	<input type="checkbox"/> Income
	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> EBT	<input type="checkbox"/> ID
	Form used in verifying military service <input type="checkbox"/> DD214 <input type="checkbox"/> Other _____		