

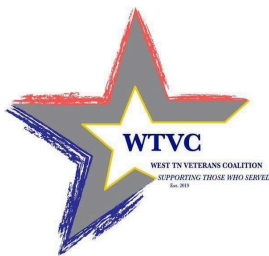


# WTVC

## Veterans in Crisis

### Grant Application For Active Military and Veterans

Date:		Phone:	
Applicant Last Name:		First:	Middle:      Personal Email:
Street Address:		Military Status:	
City      State:      Zip:		Active Duty Guard/ Reserve	Retired Veteran
		Branch:	
Reason for Grant Request - what is your financial situation and how will the funds be utilized if approved:			
Are you currently employed? If not, please provide details below.      Y      N			
Have you received a VIC Grant before?      Y      N      If so, approximately when?			
Are you currently VA connected?      Y      N      Current VA Rating:			
Please provide details on any additional resources or avenues for assistance utilized:			
While WTVC makes every effort to maintain confidentiality and will never release identifying information such as name, rank, or specifics of my situation, I understand that generalized information about my situation may be shared with the larger community as part of marketing and future fundraising efforts for the Veterans in Crisis Fund.			
Please initial to acknowledge:			
Release and Authorization:			
In an effort to process a request for assistance from the Veteran in Crisis (VIC) Grant, I agree to the following:			
1. I agree to provide information about creditors and amounts owed for which I am requesting assistance			
2. I grant the appointed VIC board member to discuss my financial situation with my creditors to verify amounts owed, account numbers and payment process in order to process my current request for assistance.			
3. I agree to accept the findings of the VIC Board and will make every effort to continue to allow any other agencies contacted work on my behalf to continue to improve mine and my family's financial situation.			
4. This release and authorization form is a 'good faith' agreement. It establishes no legal obligation from the VIC Board and I hereby waive my rights to bring legal action against the WTVC regarding my current request for assistance.			
Signature:		Date:	



# WTVC

## Veterans in Crisis

### Service Verification Form

**Verification form must be completed by a Unit Command Representative, Family Programs Personnel, Veteran Service Office, DEERs ID Tech, or an Approved Representative of a Veteran Service Organization (VFW, American Legion, DAV, etc.)**

Based on the information provided, do you believe this applicant should be considered for a grant?    Y   Y   N

Please provide any additional comments/info regarding the applicant's financial need or situation:

#### Service Verification:

If currently serving in the military, what is the applicant's Unit of Assignment?

If retired or former member of the military, did you see a document confirming previous service?    Y   N

Type of discharge from service:

Type of verifying document:

Verification Completed by:

Name:

Position Title:

Date completed:

Email:

Phone number:

**I have completed this Verification Form accurately and to the best of my ability. I believe the applicant was truthful in stating their financial need and I have verified they are a current or former member of the US Armed Forces.**

Signature (Digital is preferred):



# WTVV

## Veterans in Crisis

### Creditor Information

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1. **Name:** \_\_\_\_\_

2. **Creditor Information/**

1. Name: \_\_\_\_\_ Amount requested: \_\_\_\_\_  
Address: \_\_\_\_\_ Amount behind: \_\_\_\_\_  
Phone: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Acct#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Amount requested: \_\_\_\_\_  
Address: \_\_\_\_\_ Amount behind: \_\_\_\_\_  
Phone: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Acct#: \_\_\_\_\_

3. Name: \_\_\_\_\_ Amount requested: \_\_\_\_\_  
Address: \_\_\_\_\_ Amount behind: \_\_\_\_\_  
Phone: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Acct#: \_\_\_\_\_

4. Name: \_\_\_\_\_ Amount requested: \_\_\_\_\_  
Address: \_\_\_\_\_ Amount behind: \_\_\_\_\_  
Phone: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Acct#: \_\_\_\_\_

5. Name: \_\_\_\_\_ Amount requested: \_\_\_\_\_  
Address: \_\_\_\_\_ Amount behind: \_\_\_\_\_  
Phone: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Acct#: \_\_\_\_\_

Please including supporting documents with submission, i.e. lease agreement, utility bill, car note etc. that verifies amounts.

Incomplete applications will not be considered, all 3 pages must be completed in order for the application to be considered complete.

Please direct any questions to the coalition at [wtnvetscoalition@gmail.com](mailto:wtnvetscoalition@gmail.com)