

DEPARTMENT OF WISCONSIN

VETERAN AND MILITARY SUPPORT FUND APPLICATION

All application are individually reviewed on a case-by-case basis.

Submitting an application does not guarantee payment of funds.



APPLICANT'S INFORMATION			* REQUIRED FIELD
*NAME:		*BIRTHDATE:	
*ADDRESS:			
*CITY:		*STATE:	*ZIP
*COUNTRY:			
*PHONE:		*EMAIL:	
*RELATION TO VETERAN:		*SOCIAL SECURITY NUMBER:	
*EXCLUDING VETERAN, PLEASE LIST ALL DEPENDENTS RESIDING IN THE HOME:			
NAME:	AGE:	RELATIONSHIP:	
NAME:	AGE:	RELATIONSHIP:	
NAME:	AGE:	RELATIONSHIP:	
NAME:	AGE:	RELATIONSHIP:	
NAME:	AGE:	RELATIONSHIP:	
*VETERAN'S INFORMATION:			
*NAME:		*BIRTHDATE:	*SOCIAL SECURITY NUMBER
*ADDRESS:			
*CITY:		*STATE:	*ZIP:
*HOME OF RECORD (City and State Only):			
*PHONE:		*BRANCH	*ACTIVE? YES or NO

**PLEASE COMPLETE THE SECTION BELOW AND PROVIDE AS MUCH DETAIL AS POSSIBLE.
FAILURE TO PROVIDE THE INFORMATION REQUESTED WILL RESULT IN THE DENIAL OF YOUR
APPLICATION.**

FINANCIAL HARDSHIP

Eviction/foreclosure has occurred or is scheduled to occur.

Approximate Date:

Utilities have been disconnected or are scheduled for disconnect.

Approximate Date:

Repossession has occurred or is scheduled to occur.

Approximate Date:

FINANCIAL HARDSHIP

*Please describe the expenses you need assistance with (i.e. Rent, Utilities, Medical expenses, food)

*Please tell us the amount of funds needed/requested: \$_____

*Please describe why you are unable to meet this need on your own.

*Please explain what action you have taken to resolve this hardship on your own, other than applying for financial assistance?

*Please list the other agencies you are working with (i.e. VA, Salvation Army, local church)

INCOME**REQUIRED FIELD**

*Veteran's Monthly Income:

\$ _____

*Spouse/Fiancée/Roommate Monthly Income:

\$ _____

*Additional Income:

Type	Amount	Type	Amount
VA Benefits	\$	Unemployment	\$
Housing – BAH	\$	Child Support (Received)	\$
Food Subsistence – BAS	\$	SSI/SSDI	\$
Hazardous Duty/Imminent Danger Pay	\$	Welfare	\$
Separation pay	\$	Food Stamps	\$
		Other	\$

TOTAL HOUSEHOLD INCOME: \$ _____

***MONTHLY EXPENSES**

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

Rent/ Mortgage \$
 Utilities \$
 Phone 1 \$
 Phone 2 \$
 Phone 3 \$
 Cable \$
 Internet \$
 Vehicle #1 \$
 Vehicle #2 \$
 Insurance(s) \$
 Vehicle(s) fuel \$
 Recreation Vehicle \$
 Food \$
 Household Items \$
 Child Care \$
 Child Support (paid) \$
 Credit/Charge Cards \$
 Loans \$
 Student Loans \$
 Savings \$
 Other \$
 Other \$
 Other \$
 Other \$
 Other \$

Notes/explanation:

Without a completed budget your Application will not be considered.

*TOTAL MONTHLY EXPENSES: \$ _____

This form must be signed and initialed and then mailed or e-mailed to our office.

RELIEF FUND PROGRAM TERMS AND CONDITIONS

Please initial all blocks below and sign the bottom. This form is essential to the review and approval process. We want to emphasize that each application will be reviewed independently and each case will stand on its own merit.

_____ I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, price/income information, and medical information. This information will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.

_____ I agree to allow the WI-VMS Program to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by VFW personnel.

_____ I understand that the WI-VMS Program will only pay for approved merchandise or services directly. I will not receive any funds directly.

_____ I understand the primary purpose of the WI-VMS Program is to meet immediate and urgent needs of Military Veterans and their immediate family members.

_____ I understand that because demand is so great, I can only apply to the program once every Thirty Six (36) months, even if my application has been denied.

_____ I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

_____ I understand that the WI-VMS Program is funded by public donations and success is based solely upon public support of the program. The Department of Wisconsin Veterans of Foreign Wars, and the WI-VMS Program are not government funded.

_____ I agree to hold the Department of Wisconsin of Foreign Wars of the United States, their officers, employees, agents, and sponsor harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss, that may occur.

Veteran/Applicant Signature

Printed Name

Date

Please verify that the following documents are enclosed with the application*:

DD214-Member Copy #4 or Military Member's most recent orders.

Copy of the bills for which you are requesting assistance. This must include the account holder's name and the account number, as well as the creditor's name and phone number with area code. For assistance with repairs or other services, two different written estimates on company letterhead are required. (For example, if requesting assistance with rent, a copy of your lease agreement is required.)

YOUR APPLICATION CAN NOT BE REVIEWED WITHOUT ALL OF THE ABOVE SUPPORTING DOCUMENTATION!

Application and supporting documentation may be mailed or emailed to our offices.

DEPARTMENT OF WISCONSIN
VETERAN AND MILITARY SUPPORT

2113 Rainbow Drive

Suamico, WI 54313

E-mail: bsorensen@new.rr.com

Once we have received your completed application a representative will contact you to discuss the specifics of the case and/or to request additional information. This contact does not imply approval of your application.

The approval process may take up to thirty (30) business days or more.

We will contact you as soon as a final determination has been made in your case

Please Note: We are unable to respond to status check requests while your file is being processed. If you have not received contact from us after thirty (30) business days from submitting your application, please contact us.