



Date of Application \_\_\_\_\_

## Financial Assistance Application Form

Applicant Name(s): \_\_\_\_\_

office use only: \_\_\_\_\_

PRIMARY APPLICANT			SPOUSE		
Name _____	Date of Birth _____		Name _____	Date of Birth _____	
Social Security Number* _____	Home Phone _____	Business Phone _____	Social Security Number* _____	Home Phone _____	Business Phone _____
Present address No. years: _____ <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent			Present address No. years: _____ <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent		
Street: _____			Street: _____		
City/State/Zip: _____			City/State/Zip: _____		
Former address if less than 2 years at present address			Former address if less than 2 years at present address		
Street: _____			Street: _____		
City/State/Zip: _____			City/State/Zip: _____		
Marital status:* <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Single			Marital status:* <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Single		
Total number residing in household: _____			Total number residing in household: _____		
Number of dependent children: _____ Ages: _____			Number of dependent children: _____ Ages: _____		
Name and address of employer			Name and address of employer		
Position/Title: _____ Length of employment: _____			Position/Title: _____ Length of employment: _____		
Previous employer(s) (within the last year)			Previous employer(s) (within the last year)		

Supporting documentation is required for all responsible parties. Please provide copies of the documents listed below. An application cannot be processed until these items are received. If you have no proof of income/ no income, please include an explanation. Additional documents may be requested.

- **DD-214, copies of Drivers License, military ID if active, lease or mortgage statement, approval or denial letter from other agency**
- **Proof of Income: Sources of income may include pay stubs, unemployment or disability checks, Social Security award letter or pension proof.**
- **Bank statement including all transactions checking and savings**
- **Appropriate past due bills, disconnect notices, eviction notices, foreclosure document = items that need immediate attention**

MONTHLY INCOME				MONTHLY HOUSEHOLD EXPENSES			
	Applicant	Co-applicant	Total		\$		\$
Gross earnings	\$	\$	\$	Mortgage/rent payment (Circle one)		Child care expense	
Farm/Self employed				Lot rent		Child support payment	
Pensions				Federal withholding taxes: # Exemptions _____		Credit cards (Minimum payment)	
Work compensation				State withholding taxes		Other loan(s) payment	
Interest/dividends				401K/403B withholding		Meds/med. supplies	
Rental property income				Property taxes		Auto loan payment	
Disability/SSI				Utilities, telephone/cell phone, insurance premiums		Alimony payment	
Military income				Garbage pickup		Other	
Child support				Cable TV			
Alimony				Food			
Unemployment							
ADC/Food stamps							
Subsidized housing							
<b>Total monthly household income:</b>				<b>Total monthly household expenses:</b>			
				<b>\$</b>			

ASSETS*		LIABILITIES	
Description	Cash totals or market value	Description	Total owed
Cash	\$	Mortgage loans	\$
Checking accounts	\$	Name of financial institution:	
Name of financial institution:		Home owners insurance	
Savings accounts	\$	If not included in mortgage	
Name of financial institution:		Auto loan	
Life insurance net cash/loan value		Vehicle licensing tax	
Real estate property assessed value		Credit cards	
Net worth of farm or business (attach business tax return)		List other loans and locations	
Retirement funds			
• Pensions/Annuity			
• IRAs/401K			
• Mutuals			
• Other			
Automobiles (make and year)		List medical co-pay/out of pocket expenses and/or patient responsibility	
Other assets (boats, motorcycles, campers and antiques) Blue Book/retail		Other:	
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>

MILITARY SERVICE INFORMATION	
I received an honorable or general discharge from the military or are currently serving? Yes _____ No _____	
BRANCH OF SERVICE: Army Navy Marine Corps Air Force Coast Guard	
JOIN DATE OF SERVICE _____	DATE SEPARATED FROM MILITARY _____
Are you receiving military disability? YES NO	
If not, have you been in touch with a Veteran Service Officer recently? YES NO	
Name of VSO: _____	Which agency are they with? _____

I certify that all information listed herein is true and correct to the best of my knowledge. I understand that the information is to be used to ascertain my ability to receive assistance from Helping Heroes of America. I also understand that if the information, which I submit is determined to be false, such a determination will result in denial of assistance. Veterans receiving assistance will have bills paid directly to the vendor. ONLY ONE GRANT PER FAMILY

IN YOUR OWN WORDS, DESCRIBE YOUR NEED FOR FINANCIAL ASSISTANCE

I hereby grant permission to the personnel at Helping Heroes of America who are authorized to receive, release or act upon financial information contained herein. I hereby release the Helping Heroes of America personnel and all parties who supply information at the request of Helping Heroes of America personnel, from liability for any acts, communications or disclosures which are made pursuant to such an investigation.

\_\_\_\_\_  
Signature (person making request)

\_\_\_\_\_  
Date

**For Questions or to Return this Application:**

Phone: 844-585-8184

Email: info@HHofA.org

Mail to:  
Helping Heroes of America  
Indiana Veterans Center  
777 N. Meridian St. - Ste 413  
Indianapolis, IN 46204

**For Helping Heroes Staff Use Only**

Information Verified	
Approved?	
If Denied, Why?	
Amount	