



GAP Project Application Form

General Assistance Program

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

Submitting an application does not guarantee payment of funds.

Valor Ranch, Inc. reserves the right to make exceptions on a case-by-case basis.

*** All of the following Eligibility Criteria must be met for your case to be considered:**

1.) The applicant must be a Veteran with a legible **Member 4/Service 2** copy of his/her DD-214 that states: anything other than a dishonorable discharge.

2.) Reside in the State of Texas

3.) Select this link: [The applicant must have a household income at or below 50% of their area median income. Choose county you reside in.](#)

4.) Barrier to Employment and/or overall quality of life: i.e., unemployment, illness, previous deployment, transition to civilian life, etc.

Please EMAIL documents to GAP@VALORRANCHTX.ORG

Expenses Eligible for consideration of payment: *Must be in Veterans name*

One-time rental assistance, mortgage payments; and/or

One-time, auto repairs, auto loan payments, auto insurance payment; and/or

One-time utility payments (electric, gas, water); and/or

One-time cell phone or internet payments; and/or

One-time Books or tuition assistance (not paid by others).

All bills must be in the Veterans name. All payments are made directly to the vendor.

Expenses Ineligible for consideration for payment:

- Advance payments of any kind
- Credit cards, credit recovery, personal, student or payday loans.
- Cable
- Medical expenses
- Rentals of any kind (other than housing)
- Home/Land Tax
- Any other expense not determined to be a basic life need.

Documentation needed to be considered and BEFORE intake appointment:

1) DD-214 (Member-4 or Service-2)

2) Proof of ALL HOUSEHOLD Income

3) Drivers License or Photo ID

4) Copy of Past Due Bills for Requested Expense Assistance (*If bill is not in Veteran's name must provide a marriage license and proof of residency listed on the bill.*)

5) Proof of Residency (Lease, Mortgage Statement, Utility Bill)

Please EMAIL ALL documents needed for intake to GAP@VALORRANCHTX.ORG



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APPLICANT'S INFORMATION		*Required Field
NAME*	DOB:	
ADDRESS*:		
CITY*:	STATE*:	ZIP*:
COUNTY*:		
PHONE*	EMAIL*:	
RELATION*:	LAST 4 of SS*:	
Excluding Military Member, please list all dependents residing in home*:		
NAME: _____	AGE: _____	RELATIONSHIP: _____
NAME: _____	AGE: _____	RELATIONSHIP: _____
NAME: _____	AGE: _____	RELATIONSHIP: _____
NAME: _____	AGE: _____	RELATIONSHIP: _____

Please email all requested
documentation prior to
appointment.

MILITARY SERVICE INFORMATION	
<input type="checkbox"/> Y <input type="checkbox"/> N Are you a Veteran?	
What is the approximate discharge date of last active duty status?	
<input type="checkbox"/> Y <input type="checkbox"/> N Military member was deployed into a combat zone?	
If Yes to answer above please list year and where	
<input type="checkbox"/> Y <input type="checkbox"/> N Applicant is a Service Connected Veteran?	Rating _____ %

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HOW DID YOU HEAR ABOUT Valor Ranch, Inc./GAP PROGRAM

***REQUIRED FIELD**

Choose One:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Texas Veterans Network

Family Readiness Center

VA Representative

VFW Representative

PHONE*: _____

EMAIL*: _____

OTHER: _____

Financial Hardship

Eviction or
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:

Please describe the expenses you need assistance with (i.e. Rent, utilities, mortgage, auto repairs)*:

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

Please describe why you are unable to meet this need on your own. Please explain if/how your military service affected this hardship*:

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, organization, et

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INCOME

***REQUIRED FIELD**

Veteran Monthly Income*:
\$ _____

Spouse/Fiancé/Roommate/Child over 18 Monthly Income*:
\$ _____

Additional Monthly Income*:

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

Type:	Amount:	Type:	Amount:
TNAF*	\$ _____	Housing BAH*	\$ _____
SSI/SSDI*	\$ _____	Child Support*	\$ _____
VA Benefits*	\$ _____	Separation Pay*	\$ _____
Food Stamps*	\$ _____	Food Substance-BAS*	\$ _____
Unemployment*	\$ _____	Hazardous Duty/Imminent Danger Pay*	\$ _____
		Other*	\$ _____

Total Household Monthly Income \$ _____

MONTHLY EXPENSES:

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

Rent/Mortgage	\$ _____
Utilities	\$ _____
Phone	\$ _____
Cell	\$ _____
Internet	\$ _____
Cable	\$ _____
Vehicle 1	\$ _____
Vehicle 2	\$ _____
Car Insurance	\$ _____
Recreation Vehicle	\$ _____
Household Items	\$ _____
Child Care	\$ _____
Child Support	\$ _____
Student Loans	\$ _____
Credit Cards	\$ _____
Savings	\$ _____
Loans	\$ _____
Food	\$ _____
Other	\$ _____
Other	\$ _____

Notes/Explanation:

Total Monthly Expenses: \$ _____

Without a completed budget your application will not be considered.

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GAP TERMS AND CONDITIONS

***Please sign and initial**

Please initial all blocks below & sign the bottom. This form is essential to the review and approval process. 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 (please black out Social Security #'s), price/income information, and medical information. This information will be kept confidential. I further indicate that if the request cannot be substantiated, information will be kept confidential. I further indicate that if the request

_____ I agree to allow the GAP Project to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by GAP Staff.

_____ I understand that the GAP Project elects to pay for approved merchandise or services directly.

_____ I understand the primary purpose of the GAP Project is to meet immediate and urgent needs of the Veteran.

_____ I understand that because demand is so great, I can only apply to the program once every twelve (12) months, unless my application has been denied and circumstances have changed.

_____ 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 Valor Ranch, Inc. or affiliated program grantors may require that I submit to an interview, & may request to use my name and the particulars of the financial assistance in press and promotional efforts. I understand that there is no promise of compensation for my participation. If I choose to maintain case confidentiality, it will in no way influence my application. Valor Ranch, Inc. may use my written statements and documentation enclosed as needed for these purposes.

_____ I understand that the GAP Project is funded by Grantors.

_____ I agree to hold the Grantor's, and Valor Ranch, Inc. 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.

***Please initial your preference: Choose only one**

_____ I am willing to be interviewed and featured in news stories. I understand that any photos I provide to become the property of and may be used in fundraising or other publicity materials with no promise of compensation for participation.

OR

_____ I do not wish to be featured in any or other publications.

Veteran Signature

Printed Name

Date

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

- ☐ DD214 - Member Copy #4 **OR** Service Copy #2
- ☐ Copy of bills for which you are requesting assistance. *This must include the Veteran's name and the account number, as well as the vendor's name, address, and phone number with area code.*
- ☐ Proof of household income: Previous 90 Days
*Check Stubs, Bank Statements, **and/or** Disability Determination Letter, etc.*
- ☐ Drivers License, **OR** Photo ID
- ☐ Utility bill **OR** lease **OR** mortgage statement to determine residency
- ☐ This completed application

**APPLICATION CANNOT BE REVIEWED WITHOUT ALL OF THE ABOVE
SUPPORTING DOCUMENTATION.**

Questions Call 682-283-1844

Please email all documents prior to appointment:

GAP@VALORRANCHTX.ORG

Website: www.valorranchtx.org

Please EMAIL ALL documents needed for intake to GAP@VALORRANCHTX.ORG

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 and/or schedule intake via Zoom, Google Meet, or Teams.

This contact does not imply approval of your application.

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

The approval process normally takes two - four (2-4) business days.□

If approved, please allow 1-3 business days to mail check to vendor. You will be notified with proof of payment and tracking number.

If you have any questions call 682-283-1844.

Please email all documents prior to appointment:

GAP@VALORRANCHTX.ORG

Website: www.valorranchtx.org

If you have not already done so, please select this link to complete Intake Survey before your schedule appointment