



ER \_\_\_ H \_\_\_

# EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

## Contact Information

Date: \_\_\_\_\_

Applicant's Full Legal Name: \_\_\_\_\_  
First Middle Last Suffix

Spouse's Full Legal Name: \_\_\_\_\_  
First Middle Last Suffix

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Numbers: C: \_\_\_\_\_ Email: \_\_\_\_\_  
H: \_\_\_\_\_

By signing below, I acknowledge that no one has made any guarantee, promise, or pledge of financial help from any DAV Chapter, Department, or the National Organization. I understand that grants may be provided one-time ONLY. Any funds provided are NOT A LOAN.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## DAV Member Initiating Request (CSO, DSO, CDR, ADJ or Authorized Chapter Representative)

Contact Person: \_\_\_\_\_  
First Middle Last Suffix

Organization/Chapter: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



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## General Information

Verified Veteran Status (i.e. DD-214, Military ID, VAMC ID)? Yes \_\_\_ No \_\_\_

Is this the applicant's first Emergency Relief/Homeless Request? Yes \_\_\_ No \_\_\_

Is this likely to be an on-going need? Yes \_\_\_ No \_\_\_

Amount Requested: \_\_\_\_\_

Describe the situation, including the need, the apparent cause, and the **plan to recover**.

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## Personal Information

Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Other \_\_\_

Number of other dependents in the home and ages: \_\_\_/\_\_\_\_\_

Do you have any pets/service animals? Yes \_\_\_ No \_\_\_

Is the applicant employed? Yes \_\_\_\* No \_\_\_ If not employed, why not?

\*If employed, list all companies and contact information as applicable.

Is the spouse/other employed? Yes \_\_\_\* No \_\_\_ If not employed, why not?

\*If employed, list all companies and contact information as applicable.



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## EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

<b>Monthly Income</b>			
<u>Source of Income</u>		<u>Veteran</u>	<u>Spouse/Other</u>
Employment Income			
Individual Retirement			
VA Compensation			
VA Education Benefits			
Military Retirement			
Social Security			
Social Services			
Alimony/Child Support			
Other			
<b>Total Income</b>			
<b>Monthly Expenses</b>			
Mortgage/Rent		Car Payment(s)	
Electricity		Other _____	
Natural Gas		Credit Card/Loans	
Water/Sewer		Credit Card/Loans	
Cable/Internet		Credit Card	
Trash		Credit Card	
Home Phone		Food	
Cellular Phone		Household Goods	
Child Support		Laundry	
Alimony		Clothing	
Home/Rental Insurance		Gasoline	
Car Insurance		Maintenance	
Health Insurance		Pharmacy	
Life Insurance		Medical/Dental Co-Pays	
<b>Subtotal</b>		<b>Subtotal</b>	
<b>Total Expense</b>		<b>Difference (Income-Expense)</b>	

**NOTE: Attach invoices/bills as applicable**

I certify that the financial information on this form is true to the best of my knowledge.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date



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# EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

## Investigator (CSO, DSO or Authorized Chapter Rep) Verification Financial Assistance

Has the applicant attempted to obtain funds elsewhere? Yes \_\_\_ No \_\_\_

If yes, list agencies, contact information, amounts, and describe how this was verified.

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Has any DAV Chapter or Department previously provided funds? Yes \_\_\_ No \_\_\_

If yes, list date and amount. \_\_\_\_\_  
Date Amount

## Initial Investigator's Recommendations

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\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
Date



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# EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

## Department Committee(s) Recommendation

Recommend Approval? Yes \_\_\_ No \_\_\_ If yes, what amount \$ \_\_\_\_\_

Committee Source \_\_\_\_\_

\_\_\_\_\_  
Signature of at least one Committee Member (Emergency Relief/Homeless) Note1

\_\_\_\_\_  
Date

### NOTE

When circumstances prevent immediate signature, the Chair of the Emergency Relief/Homeless Committee may indicate “telephonic response” by placing the recommending authority’s name and date, followed by the Emergency Relief/Homeless Chair’s initials. **Additional information** to support this request may be entered on the addendum page.

## Department Committee Chair Recommendation

Recommend Approval? Yes \_\_\_ No \_\_\_ If yes, what amount \_\_\_\_\_

Committee Source \_\_\_\_\_

\_\_\_\_\_  
Signature of the Committee Chairman (Emergency Relief/Homeless)

\_\_\_\_\_  
Date

## Virginia DAV Department Service Commission Approval Authority

Approved \_\_\_\_\_ If yes, what amount \_\_\_\_\_

Recommend Disapproval \_\_\_\_\_

\_\_\_\_\_  
Signature of the Department Service Director (DSD)

\_\_\_\_\_  
Date

Note 1: Department Service Director (DSD) must have at least two (2) “Recommended Approval” signatures to approve.

Note 2: Department Service Director (DSD) may recommend disapproval. In this case, the request must be referred to the DSC Chair as Reviewing Authority.



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# EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

## Reviewing/Disapproving Authority (DSC Chair)

Final Decision

Initial Grant Request Approved \_\_\_

Initial Grant Request Disapproved \_\_\_

Rationale Comments:

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\_\_\_\_\_  
Reviewing Authority, Chair, Department Service Commission

\_\_\_\_\_  
Date

Telephonic Approval of Request? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Date

### Addendum (As Needed)

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### Chapter Number / Amount Given

\_\_\_ / \_\_\_    \_\_\_ / \_\_\_    \_\_\_ / \_\_\_    \_\_\_ / \_\_\_    \_\_\_ / \_\_\_    \_\_\_ / \_\_\_  
Originating Chapter

\_\_\_ / \_\_\_    \_\_\_ / \_\_\_    \_\_\_ / \_\_\_    \_\_\_ / \_\_\_    \_\_\_ / \_\_\_    \_\_\_ / \_\_\_  
Other Source