

VVA BRAZOS VALLEY CHAPTER #937

Veteran's Assistance Application

Visit Date \_\_\_\_\_ Interview Team \_\_\_\_\_

Head of Household \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Employed by \_\_\_\_\_

Other organizations assisting \_\_\_\_\_ Verified by \_\_\_\_\_

Referred by \_\_\_\_\_ Assistance requested \_\_\_\_\_

Attach proof of veteran status: \_\_\_ DD214 \_\_\_ Other(Specify) \_\_\_\_\_

Monthly Income

Monthly Expenses

Assistance Requested

Net wages \_\_\_\_\_

Food \_\_\_\_\_

Food \_\_\_\_\_

SS/SSI \_\_\_\_\_

Rent \_\_\_\_\_

Rent \_\_\_\_\_

TANF \_\_\_\_\_

Utility \_\_\_\_\_

Utility \_\_\_\_\_

Unemp. Comp. \_\_\_\_\_

Gas \_\_\_\_\_

Medical \_\_\_\_\_

Child Support \_\_\_\_\_

Vehicle \_\_\_\_\_

Trans \_\_\_\_\_

Other Income \_\_\_\_\_

Clothes \_\_\_\_\_

Total Income \_\_\_\_\_

Total Expenses \_\_\_\_\_

Other \_\_\_\_\_

Food Stamps \_\_\_\_\_

Total Assist. \_\_\_\_\_

WIC \_\_\_\_\_

Assistance requested information

Account # \_\_\_\_\_ Name on Account \_\_\_\_\_

Payee \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address \_\_\_\_\_

Children: Age(s) and gender(s) \_\_\_\_\_

Approved: Amount \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Check Made to \_\_\_\_\_

Not approved: \_\_\_\_\_ Reason \_\_\_\_\_

Action requires signatures of at least two (2) VVA members.

\_\_\_\_\_

***Attention: A minimum of ten days must be allowed for processing.***