VETERANS OF FOREIGN WARS OHIO CHARITIES REQUEST FOR FINANCIAL ASSISTANCE

Name	Age	Date of Birth	
Address	City	State	Zip
Phone Number	Email Address		
How long at current address?	Do you rent or own?		
If seeking rent assistance, please pr	ovide the name & addr	ess of Landlord:	
Name	Address		
City	State	Zip	
Marital Status	Spouses Name		
How did you hear about VFW Ohio C	Charities?		
Are you a veteran?	(if yes, please	e provide a copy of you	r DD-214)
Monthly Household Income	Monthly	/ Expenses	
Number of adults in household (all c	over the age of 18)	Number of	children
Please attach any award letter from income.	VA, Social Security, Ur	ion, Retirement, or any	other sources of
If applying for mortgage assistance, address of the mortgage company. For any other assistance please prov	lf seeking rent assistan	ce, we will need a copy	of the current lease.
Are you a VFW member? Ha If so, when? Ha Office? If s	ve you applied for assi	stance with your Coun	

Please attach a <u>VALID FORM OF GOVERNMENT ID THAT INCLUDES A PHOTO</u>, as well as a <u>DETAILED</u> statement answering the who, what, when, where, why, and how of your situation.

Please email to <u>ifoster@vfwoc.org</u>, <u>mturner@vfwoc.org</u>, and <u>tconkle@vfwoc.org</u>. You may also mail forms to: VFW Ohio Charities, 35 E. Chestnut St., Suite 508, Columbus, OH 43215, or FAX: 614-222-1602.