

## REQUEST FOR FINANCIAL ASSISTANCE

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

In order to process your request for financial assistance the following questions must be answered and some documentation is required. Form must be completed in its entirety to be processed.

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

1. How long at this address? \_\_\_\_\_

Landlord's name and address (if applicable): Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Married: \_\_\_\_\_ Yes \_\_\_\_\_ No Spouse's name, (if applicable) \_\_\_\_\_

3. Who referred you to VFW of Ohio Charities? \_\_\_\_\_

4. Are you a veteran? \_\_\_\_\_ if yes, furnish a copy of your DD-214.

5. Annual Income \_\_\_\_\_ Annual Expenses \_\_\_\_\_

6. Award letter from VA, Social Security, Union or other income (Workers Compensation, Child Support, Veterans Affairs, Job and Family Services. (If applicable)

7. Number of adults living in house \_\_\_\_\_ Children \_\_\_\_\_

8. Mortgage statement and the mortgage company name and address (if applicable)  
\_\_\_\_\_

9. Copy of utility bills and copy of lease (if applicable).

10. Have you received any assistance from your local post for this situation? \_\_\_\_\_

11. Have you applied for assistance with your County Veterans Service Office? \_\_\_\_\_ If no, why not?  
\_\_\_\_\_ If yes, how recently: \_\_\_\_\_

12. Provide a statement outlining the 5 W's (the who, what, when, where, and why) of the situation to include what specifically you need assistance with (rent/mortgage, food, utilities, etc.)

Complete form and mail to VFW of Ohio Charities, 35 E. Chestnut St. Suite 505, Columbus, OH 43215 or fax to 614-222-1602 or send as an email attachment to [treveron@vfwoc.org](mailto:treveron@vfwoc.org) and [gklingler@vfwoc.org](mailto:gklingler@vfwoc.org)