

VFW NEW MEXICO GRANT REQUEST FORM

VFW New Mexico Foundation
 PO Box 1084
 Ruidoso Downs, NM 88346
 vfwnmfoundation@gmail.com

Today's Date _____

Applicant Name _____ Birth Date _____

Spouses Name _____ Birth Date _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Branch of Service _____ to _____ Dates of Service _____ Do You Have Discharge Papers (DD214)? Yes No
(Include copy with request)

Are you a member of the VFW? Yes No Post # _____

List ALL persons residing in household.

NAME	AGE	RELATIONSHIP	EMPLOYED (Yes or No)

Monthly household income of all residents.
 (include employment, disability food stamps etc)

TYPE OF INCOME	AMOUNT
	\$
	\$
	\$
	\$
	\$

Monthly household expenses.
 (include mortgage, car payment, utilities, food etc...)

TYPE OF EXPENSES	AMOUNT
	\$
	\$
	\$
	\$
	\$

Please describe the expenses you need assistance with (i.e. Rent, utilities, medical expenses, food, vehicle, etc.)

EXPENSE	AMOUNT REQUESTING
	\$
	\$
	\$
	\$

EXPENSE	AMOUNT REQUESTING
	\$
	\$
	\$
	\$

TOTAL AMOUNT REQUESTED \$ _____

Are you working with other agencies (including VFW Posts) to resolve your hardship? If so, list below.

AGENCY	CONTACT PERSON	PHONE #

Reason for this hardship (attach more sheets if needed)

Explain what you have done to resolve this hardship. How will you resolve these issues in the future? (attach more sheets if needed)

Documentation needed before your request is considered:

- Proof of Military Service - Discharge Papers/DD-214
- Proof of New Mexico Residency - Drivers license or NM ID card
- Copy of bills for which you are requesting assistance.
- Contact information of landlord or bank if request is for rent or mortgage.
- First two pages of previous year's Federal Income Tax Return
- Previous month of all bank statements showing transaction history.

VFW NEW MEXICO FOUNDATION

VETERANS ASSISTANCE PROGRAM ELIGIBILITY

- The veteran must be a veteran with an "honorable" discharge not related to misconduct or a violation of the uniform Code of Military Justice (UCMJ).
- Current member of the U.S. Armed Forces or its Reserve or National Guard component and must have completed at least 180 days of Active duty service.
- Immediate Family member of Veteran (as described above) is defined as household dependent of veteran which may include Spouse of veteran, child of veteran under 13 years of age or other dependent person of Veteran as defined by the Foundation.
- The Veteran/applicant must be a legal resident of the State of New Mexico
- The grant will NOT be considered if the applicant:
 - Currently incarcerated
 - Under indictment for a criminal offense
 - Party to a civil action including Divorce
 - Registered as a sex offender
 - Voluntarily quit job
 - Went on vacation / Bereavement
 - Loaned money to others before paying bills
 - Financial mismanagement by self or others, or
 - Due to Bankruptcy
 - Currently in "eviction notice" status

Expenses Eligible For Possible Consideration Of Grant:

HOUSEHOLD - mortgage, rent, insurance, phone and utilities

VEHICLE - payments, insurance, child care - day care (emergency cases only)

MEDICAL - medications, emergency room, etc.

Expenses Ineligible for consideration for payment:

- Credit cards, Military charge cards, or retail store credit cards.
- Personal, student, payday loans or title loans.
- Cable, Internet and secondary phone.
- Cosmetic or investigational medical procedures and expenses.
- Taxes –property or otherwise.
- College Expenses.
- Furniture rentals.
- Any other expense not determined to be a basic life need.

The eligible and ineligible expense lists are not all inclusive and each expense will be considered on a case-by-case basis. Payment will be made at the discretion of the approval committee and their vote is final. There is no appeal process. Payments are made directly to creditors.

**TERMS AND CONDITIONS MUST BE AGREED TO IF
GRANT ASSISTANCE IS TO BE CONSIDERED**
(initial then sign)

_____ VFW NM Foundation will pay direct to the company(s) owed. The Foundation may give out gift cards for gas and food.

_____ VFW NM Foundation Veteran Assistance Program is a onetime grant only. The Foundation will work with other agencies and see if they can better assist you – only your name and phone number / email address will be given to them, for them to contact you.

_____ I understand that proper stewardship requires I provide information to substantiate my request, including government records, expense/income information and medical information. I understand if the request cannot be substantiated, it will not be possible to consider the request.

_____ I agree to allow VFW NM Foundation to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for the Foundation personnel.

_____ I understand any bill that cannot be independently verified will not be paid. I should submit any and all updated statements as I receive them while my application is being processed.

_____ I understand the primary purpose of the VFW NM Foundation is to meet the immediate and urgent needs of the New Mexico Military/Veteran and their family members, and that the Foundation is not a wage replacement due to unemployment, nor pension or entitlement program based on veteran status.

_____ I agree to obey all the policies of the grant program and comply with any reasonable direction with the respect to question or concerns that may arise.

_____ I agree to hold the VFW New Mexico Foundation, the Veterans of Foreign Wars of the United States, the New Mexico VFW, their agencies, officers, employee, agents, sponsors and subordinate units harm-less as a result of this request and their handling of it and waive all rights to seek damages from VFW NM Foundation staff or volunteers for any loss or perceived loss that may occur.

_____ Submitting this application does not mean your will receive this grant. The final decision will be made by the VFW NM Foundation Board of Directors for the FINAL DECISION for approval or denial. This decision will either be phoned, emailed or sent to the address on this application the day the decision is determined. Also, due to privacy concerns, status check on your request for assistance must be made by email - vfwnmfoundation@gmail.com.

_____ False claims - any person who knowingly presents a false or fraudulent claim for payment or approval is subject to prosecution under the FEDERAL FALSE CLAIMS ACT—31 USC 3729-3733.

Applicant Signature

Date

Printed Name