



| FOR DEPARTMENT USE ONLY | |
|-------------------------|--------------------|
| AMOUNT | TYPE OF ASSISTANCE |
| APPROVED BY | |

Emergency Assistance Request Form

AMVETS POST 9-1-1 provides support for *active-duty military (*case by case*), our veterans, and their families who reside in the state of Georgia. Service members must be classified as having an honorable discharge or honorable separation. Membership in the AMVETS Organization is NOT required to receive assistance. Currently, funding can only be provided to offset necessities for shelter, food, utilities, transportation, and health expenses. Each request is unique. Funding is awarded on a case-by-case basis and at the discretion of AMVETS POST 9-1-1. Funds are limited. All services provided are at NO cost to those served.

Attach the following documents and submit with application. The AMVETS POST 9-1-1 Finance Officer will contact you to complete the application process:

- DD214
- Marriage License, if applicable
- Other Supporting Documents*
- *All branches of Active-Duty military must apply with AER (Army Emergency Relief) first.

* AMVETS POST 9-1-1 Finance Officer may ask for other supporting documents. They can include, but not limited to: birth certificates for minor children, bank statements, bills, lease agreement, foreclosure documents, eviction notice, disconnection notices, custody documents, adoption papers, legal name change documents

***** Other Assistance Information *****

It is favorable for applicants to reach out to other organizations for funding first. For each organization applicant has applied to, fill in the date applied, and status of claim or funding. If funding was granted, fill in the amount received. If it was declined, provide reason.

HOW TO SUBMIT:

Email: rismith140@gmail.com

-or-

Mail to:

AMVETS Post 9-1-1
 3011 Campbelton Rd SW.
 Atlanta, GA 30311

QUESTIONS:

Contact Ricky Smith, Public Relations Officer at 470-435-1927



1. Veteran or Active-Duty Military Information

| | | | |
|--|-------------------------------|-----------|----------|
| First Name | Middle Name | Last Name | |
| Street Address | | | |
| City | | State | Zip Code |
| Years lived in Georgia? | American Veterans Post Number | | |
| Birthdate | Social Security Number | | |
| Phone Number | E-Mail Address | | |
| Active-Duty Dates | Type Of Discharge | | |
| Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Laid Off <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Retired | | | |
| If unemployed, please explain: | | | |
| Steps taken to secure employment: | | | |



2. Spouse or Legal Guardian Information

| | | | |
|--|---|-----------|----------|
| First Name | Middle Name | Last Name | |
| Street Address | | | |
| City | | State | Zip Code |
| Years lived in Georgia? | E-Mail Address | | |
| Birthdate | Social Security Number | | |
| Phone Number | Relationship to Veteran or Active-Duty Military | | |
| Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Laid Off <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Retired | | | |
| If unemployed, please explain: | | | |
| Steps taken to secure employment: | | | |



3. Family Information

Does the applicant have children age 17 or younger? Yes No

Are both parents living in the home? Yes No

– If no, which parent is absent? Mother Father Other: _____

– Reason: Deceased Divorced Deserted Separated Other: _____

Who has legal custody of minor child or children? _____

Does the child or children reside in the home full-time? Yes No

RECORD OF ELIGIBLE CHILDREN (Under 17)

| | | |
|--------------------|------|---------------|
| Child's Full Name: | Age: | School Grade: |
| Child's Full Name: | Age: | School Grade: |
| Child's Full Name: | Age: | School Grade: |
| Child's Full Name: | Age: | School Grade: |
| Child's Full Name: | Age: | School Grade: |
| Child's Full Name: | Age: | School Grade: |
| Child's Full Name: | Age: | School Grade: |



4. Financial Information

IMPORTANT: Only include **reoccurring** monthly income and expenses. Don't include one-time assistance or accumulative balances.

| MONTHLY INCOME | | MONTHLY EXPENSES | |
|------------------------------------|----------|--------------------------------------|---------------------------------|
| Earnings of Veteran | \$ _____ | Shelter | \$ _____ |
| Earnings of other Spouse/Guardian | \$ _____ | Electricity | \$ _____ |
| Earnings of other(s) in household | \$ _____ | Gas | \$ _____ |
| VA Pension(s) | \$ _____ | Water/Sewage | \$ _____ |
| Public Assistance | \$ _____ | Waste | \$ _____ |
| Other Monthly Income | \$ _____ | Food | \$ _____ |
| Please specify other income: _____ | | Clothing | \$ _____ |
| _____ | | Other Monthly Expenses | \$ _____ |
| _____ | | Please specify other expenses: _____ | |
| | | _____ | |
| TOTAL INCOME: | \$ _____ | | |
| | | | TOTAL EXPENSES: \$ _____ |

5. Other Assistance Information

| SOURCE | DATE APPLIED | STATUS | | | AMOUNT (if approved) |
|-------------------------------|--------------|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------|
| | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | EXPLANATION (if ineligible) |
| Post, Unit, or Squadron | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |
| Assistance for Needy Families | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |
| VA Pension / Compensation | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |
| Social Security Disability | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |
| Supplemental Security Income | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |
| Medicaid | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |
| Food Stamps | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |
| Public Assistance | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |
| Private Charities | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |
| Other: | | <input type="checkbox"/> Approved | <input type="checkbox"/> Declined | <input type="checkbox"/> Pending | |

6. Signature

I, _____, certify that all the information provided in this application is true and current to the best of my knowledge.

Signature: _____ Date: _____



Financial Assistance Application Checklist

Please be sure to attach and submit the following documents with your application. Applications will not be considered for funding until all documents are submitted to the Finance Officer. Incomplete applications and missing documents will slow down and/or halt the process. Submission of application does not guarantee funding and will require a full investigation by a AMVETS POT 9-1-1 Finance Officer.

- Unaltered, original copy of Veterans DD Form 214, (member 4 copy)**
**Must show character of discharge, branch of service, entry and discharge dates*
- Current Military ID Card or VA Card**
- Child(ren)s Birth Certificate and Marriage Certificate (if applicable)**
**Copies are acceptable*
- Copy of requested bill/lease to be paid (if applicable)**
Ex: Rent, electric bill, etc. Expenses not documented on application, will not be considered
- Copy of lease, if applying for rent/mortgage**
- Letter of hardship**
Explain current situation and how possible assistance will help applicant's stability
- A list of other organizations or agencies**
Applicant should contact other organizations and agencies for assistance: include approximate date, and outcome, on Page 3 of Financial Assistance Form
- Show sustainability**
Provide proof of continuous income
- Other supporting documents (if applicable)**
Can include, but not limited to: bank statements, bills, foreclosure documents, eviction notice, disconnection notices, custody documents, adoption papers, legal name change documents, employment offer letter

All grants are case-by-case basis and require a complete investigation.

HOW TO SUBMIT:

Email: rismith140@gmail.com | Mail: 3011 Campbellton Rd SW Atlanta, GA 30331

QUESTIONS:

Contact Ricky Smith at 470-435-1927



Explanation of Financial Assistance Form

1. Veteran or Active-Duty Military Information

AMVETS POST 9-1-1 provides emergency assistance funding for active-duty military, our veterans, and their immediate family members (spouse, parent, or child). All applications must have this section filled in. If the applicant is a veteran, use the DD-214 discharge document to complete the information.

- **Name** - First, Middle, Last
- **Address** – current address of residence
- **Years lived in Georgia** – funding will not be granted to those who reside outside of Georgia
- **AMVETS POST 9-1-1** – applicants do not have to be a member of the **AMVETS POST 9-1-1** to be eligible for funding.
- **Email** – including an email address can speed up the application process
- **Active-Duty Dates** – If still enlisted, place date of entry
- **Type of Discharge** - not applicable to active-duty military
- **Employment Status** – Sustainability is a guideline for funding, making this section critical. If unemployed, explain current situation and steps to secure employment.

2. Spouse or Legal Guardian Information

This portion of the application should be filled out if veteran or active-duty military member is married or has a legal guardian. Be sure to include marriage certificate or legal guardian documentation with application. If not applicable, leave section blank.

- **Relationship** – Indicate relationship to veteran or active-duty military member.
- **Employment Status** – Sustainability is a guideline for funding, making this section critical. If unemployed, explain current situation and steps to secure employment.

3. Family Information

Family information will be required, if applicant has children age 17 or younger and have primary custody. Grandchildren will be accepted with documentation showing children as dependents through court system. Stepchildren are eligible with a proof of birth certificate for the child and marriage certificate. Be sure to include all supporting documentation with application. If not applicable, mark first question as NO, and leave the rest of section blank.

- **Record of Eligible Children** – list only children age 17 and younger. If applicant has more than 4 eligible children, attach a separate sheet of paper for additional space.



4. Financial Information

Financial information must be filled out and is required for potential funding. Only include reoccurring monthly income and expenses. Do not include one-time instances or accumulative balances. Amounts should be given as a gross monthly sum, or amount before taxes. We acknowledge not all income or expenses are always the same amount. Therefore, it is appropriate to estimate totals. Monthly income and expenses should be relatively close to show an acceptable level of sustainability.

- **Earnings of Veteran** – gross monthly wages from employment
- **Earnings of Spouse/Guardian** – gross monthly wages from employment of the spouse or legal guardian indicated in section 2 of this application
- **Earnings of other(s) in household** – Provide a total of monthly wages of other individuals living within the household, including significant others and children.
- **VA Pension** – If a veteran is on the VA Pension program, funding from **AMVETS POST 9-1-1** will not interfere.
- **Other Monthly Income/Expenses** – Remember this is reoccurring income/expenses. Specify or explain the other income/expense.

5. Signature and Date

Signature should be of the veteran or active-duty military member. Print name of applicant in the first line to certify all information given on the application is true and current. Applicant must sign and date before submitting.