

American Legion Auxiliary  
Department of Ohio



## Military Family Assistance Fund Grant Application

*Please type or print responses in black ink.*

<b>I. APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Birth Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone		Cell Phone	
E-mail Address			
Relationship to Veteran			

<b>II. SERVICE MEMBER/VETERAN INFORMATION</b>			
Last Name	First	M.I.	Birth Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone		Cell Phone	
E-mail Address			
Branch of Service		Rank (at Discharge or Present)	
Active Duty Dates	From	To	Discharge Date

<b>III. DEPENDENT INFORMATION</b>	
<i>Please list the names of all dependents living in the service member or veteran's home.</i>	
<b>Full Name</b>	Relationship to Veteran
Birth Date	Relationship to Applicant
<b>Full Name</b>	Relationship to Veteran
Birth Date	Relationship to Applicant
<b>Full Name</b>	Relationship to Veteran
Birth Date	Relationship to Applicant
<b>Full Name</b>	Relationship to Veteran
Birth Date	Relationship to Applicant

<b>IV. MOST RECENT EMPLOYMENT</b>	
What is the applicant's employment status? <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Laid-Off <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Unemployed	
<b>Place of Employment</b>	Job Title
Dates of Employment	Monthly Income
<b>Place of Employment</b>	Job Title
Dates of Employment	Monthly Income
<b>Place of Employment</b>	Job Title
Dates of Employment	Monthly Income
What is the veteran's employment status? <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Laid-Off <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Unemployed	
<b>Place of Employment</b>	Job Title
Dates of Employment	Monthly Income
<b>Place of Employment</b>	Job Title
Dates of Employment	Monthly Income
<b>Place of Employment</b>	Job Title
Dates of Employment	Monthly Income

<b>V. ADDITIONAL MONTHLY INCOME</b>	
<i>List your additional monthly income not related to your salary. Please attach documentation of household wages, benefits, or assistance.</i>	
Unemployment Insurance	Food Stamps
VA Pension/Compensation	WIC
Public Assistance	Workman's Compensation
Social Security Benefits	Alimony/Child Support
Other (Please Specify)	

<b>VI. MONTHLY EXPENSES</b>	
Home (Mortgage Payment or Rent)	Telephone
Electricity	Child Care
Natural Gas/Propane/Oil	Medication
Water/Sewage	Toiletries
Food	Insurance
Other (Please Specify)	

**VII. CREDITOR INFORMATION**

*The Military Family Assistance Fund will cover rent, utilities, and other necessities by providing payments directly to creditors. Please include copies of all bills, utility statements, or other proof of expense to be considered for payment.*

<b>Name of Payee/Company</b>		Account Number	
Street Address			
City		State	ZIP
Monthly Expense		Amount Past Due	
<b>Name of Payee/Company</b>		Account Number	
Street Address			
City		State	ZIP
Monthly Expense		Amount Past Due	
<b>Name of Payee/Company</b>		Account Number	
Street Address			
City		State	ZIP
Monthly Expense		Amount Past Due	
<b>Name of Payee/Company</b>		Account Number	
Street Address			
City		State	ZIP
Monthly Expense		Amount Past Due	
<b>Name of Payee/Company</b>		Account Number	
Street Address			
City		State	ZIP
Monthly Expense		Amount Past Due	
<b>Name of Payee/Company</b>		Account Number	
Street Address			
City		State	ZIP
Monthly Expense		Amount Past Due	





**X. DISCLAIMER AND SIGNATURE**

I authorize the American Legion Auxiliary to verify the information provided on this form for the purpose of investigating the application for a Military Family Assistance Grant.

I understand membership in the American Legion, American Legion Auxiliary, or Sons of the American Legion is not required for Military Family Assistance Grants.

I certify that my answers are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information may result in disqualification from assistance.

Name of Applicant  
(Please Print)

Applicant's  
Signature

Date

Please include copies of the following forms and billing statements:

- DD214 or proof of active duty military service (**please note\* Service Member must be currently serving or discharged within the past 4 years to be applicable**)
- Monthly Household Income Statements
- Copies of the bills or expenses for which you are requesting assistance
- If possible, blank payment stubs or slips to accompany copies of the bills

**I. LOCAL AMERICAN LEGION AUXILIARY UNIT REVIEW**

The local Auxiliary Unit is responsible for assisting in the completion of the application and ensuring the applicant meets all requirements of the grant. Once the applicant has been assisted and application reviewed, the reviewer and officer of the Unit must sign off on the application. Upon completion forward all documentation to the Department of Ohio for approval.

Auxiliary Unit Name

Contact #:

Aux. Unit  
Representative/Reviewer

Contact Information:

Reviewers Signature

Date

Unit Officer Signature

Date

When the Applicant completed this form and the Unit has reviewed, please include all required paperwork and mail it to

American Legion Auxiliary  
Department of Ohio  
PO Box 2760  
Zanesville, Ohio 43702-2760

If you have any questions, please call (740) 452-8245.

Thank you for your service to America.