



**Colorado Veterans Assistance Fund  
Temporary Financial Assistance Application  
American Legion Department of Colorado**



**VETERAN**

Full Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Active Duty Dates \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
 Guard or Reserve Dates \_\_\_\_\_ Current Status \_\_\_\_\_  
 (Must provide proof of service (DD214, VA, Orders, Active Duty ID, other valid proof)  
 Employment Status \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Laid Off \_\_\_ Not Employed \_\_\_ Disabled \_\_\_ Other

**OTHER VETERAN OR GUARDIAN**

Full Name \_\_\_\_\_ Father \_\_\_ Mother \_\_\_ Other  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Active Duty Dates \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
 Guard or Reserve dates \_\_\_\_\_ Current Status \_\_\_\_\_  
 (Must provide proof of service (DD214, VA, Orders, Active Duty ID, other valid proof)  
 Employment Status \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Laid Off \_\_\_ Not Employed \_\_\_ Disabled \_\_\_ Other

**OTHER ASSISTANCE APPLIED FOR OR CURRENTLY RECEIVING**

To be considered for funds from the Colorado Veterans Assistance fund other sources of financial assistance must be pursued. If you are eligible for any of these please indicate their status.

Source	Date Applied	Status			Amount Receiving or to receive
		Approved	Pending	Not Eligible	
VA Disability Pension					
Unemployment					
S.N.A.P.					
SS Disability					
WIC					
Medicaid/Medicare					
Other					

**Financial Obligations**

Utility Companies	Amount Due	Past Due Yes/No	Termination Notice Yes/No
Gas and Lights			
Water/Sewer/			
Phone			
Other			

If cut off notice has been given by utility company, please provide copy.

**Rent/Mortgage**

Name of Landlord or Mortgage Holder \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Immediate assistance requested.**

Food \$ \_\_\_\_\_  
 Gas and Lights \$ \_\_\_\_\_ Water/Sewer \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_  
 Fuel \$ \_\_\_\_\_ Shelter \$ \_\_\_\_\_

**Applicant certification**

I, certify that the information contained in this application is true and current to the best of my ability

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Guidelines

The veteran applying for funds must have served in any of the United States branches of service during with such service to have taken place on or after December 7, 1941 and must have an honorable discharge.

Documentation must be provided to prove eligibility. Those documents can include DD214, VA statement of service, military orders, or other official proof of service and type of discharge if applicable.

**The Assistance Fund will not pay for: cable, consumer debt, Internet service, insurance, taxes, vehicle repairs or payments, previous debt or any expense that does not contribute to the active basic needs of the veteran.**

All decisions of the committee as to disbursement of funds will be final. The committee will maintain additional reference sources for those they cannot assist.

## COLORADO VETERANS ASSISTANCE FUND