



Wisconsin

DEPARTMENT OF WISCONSIN UNMET NEEDS FUND APPLICATION

Application is open to all Wisconsin veterans, their surviving un-remarried spouse, or an out-of-state Veteran who is an active member in good standing in the Wisconsin VFW.	* Required Fields
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*Last Name	*First Name	*M.I.	*Date of Birth
*Address			
*City	*State	*Zip Code	
*Phone #	*Email	Indicate Veteran or Surviving Spouse	*Veteran's Branch of Service
VFW Post # (If applicable)	VA Service-Connected Disability Rating (If applicable)		

COMPLETE THE FOLLOWING SECTION IN DETAIL. FAILURE TO PROVIDE ALL REQUESTED INFORMATION/DOCUMENTATION MAY RESULT IN REJECTION OF YOUR APPLICATION.

*** Please note the following expenses are not considered basic life expenses and will not be considered for a grant: credit card payments, security deposits for housing leases, consumer loans, taxes, college expenses, furniture rentals, or other expenses determined by the Unmet Needs committee as not being a basic life need.*

FINANCIAL HARDSHIP

Eviction/foreclosure notice has been received

Date:

Utilities have been disconnected or Notice of Disconnection has been received.

Date:

Notice of Repossession or Collection has been received.

Date:

1. Provide list of expenses you have fallen behind on (including current amount owed) and require urgent assistance with:

2. Amount of grant being requested (*maximum of \$2,000.00): _____

3. Provide specific details of the circumstances preventing you from paying the above-listed expense(s). For example: Became unemployed due to no fault of your own, service-connected issues have prevented you from holding employment, medical issues, or unexpected life circumstances causing your current financial hardship:

4. Describe what actions you have taken and plans you have in place for attempting to resolve your financial situation (not including application for this grant):

5. Applicants are required to pursue/exhaust other resources and benefits available to them prior to submitting their application. Please provide agency/organization name, contact information for the person you spoke with/are speaking with, and status/outcome of your efforts to seek financial assistance with them. For example: a County Veteran Service Officer or other accredited service office, a state/federal agency (VA, WDVA) or nonprofit organization (CVI, Heat for Heroes, etc.):

EMPLOYMENT INCOME

List the combined gross monthly employment income you and your spouse earn:

ADDITIONAL HOUSEHOLD INCOME

List the combined amount of additional income you and/or your spouse receive from the following:

VA Benefits Monthly Compensation	_____	Supplemental Nutrition Assistance Program (SNAP)	_____
Unemployment	_____	Savings Balance	_____
		Retirement Fund	
		Balance/Employer Pension	
Child Support (received)	_____	Income	_____
		Investment Accounts	
SSI/SSDI	_____	Balance	_____
Temporary Assistance for Needy Families (TANF)	_____	Other (Provide Description):	_____
Total Household Monthly Income:	_____		

Other Income (Provide Description):

MONTHLY EXPENSES

Rent/Mortgage	_____	Vehicle(s) Payment(s)	_____
Utilities	_____	Vehicle(s) Expenses (maintenance/fuel)	_____
Food	_____	Insurance (health, homeowners, vehicle)	_____
Medical Bills (out-of- pocket)	_____	Clothing	_____
Prescription Drugs (out- of-pocket)	_____	Child Care	_____
Telephone	_____	Child Support (Paid)	_____
Internet	_____	Alimony/Spouse Support	_____
Other (Provide Description)	_____		

Total Monthly Expenses: _____

Other Expenses (Provide Description):

UNMET NEEDS PROGRAM TERMS AND CONDITIONS

You must initial each block below and type/sign your name at the end to acknowledge and accept the following terms and conditions.

	To allow for proper due diligence in making a determination of whether to avoid me a grant, I have voluntarily provided all service records, supporting documentation, creditor statements, health information, and other personal information.
	I attest that all information provided is factual and true to the best of my knowledge and I have not falsified my service record, supporting documentation, creditor statements, health information, or income and expenses claimed.
	I expressly authorize the VFW Department of Wisconsin to contact any creditors to verify account information and amount owed for the purpose of remitting payment (if grant is awarded).

	Any amount of grant awarded will be paid directly to my creditor(s) to assist with the basic life needs of myself and/or my family.
	To assure adequate funds are available to meet high demand for assistance, I am only allowed to apply for a grant once every thirty-six (36) months.
	If additional information/documentation is requested, I will make every reasonable effort to provide the requested information/documentation within seven (7) days. If I do not, my application may be outright denied due to incompleteness.
	The Wisconsin VFW Unmet Needs program is funded by generous donations from individuals and corporations and does not receive any government funding. Misinformation, falsifying documents, or otherwise knowingly providing false information to receive a financial grant is a violation of public trust, and if discovered, may result in civil or criminal legal action to recoup the funds distributed on my behalf.
	I agree to indemnify and hold harmless the VFW Department of Wisconsin, its members, officers, employees, agents, assigns, and subservient organizations against any legal action for financial damages or other cause of action due to any real or perceived injury that may arise out of my voluntary applying for the Program. I further waive any personal action against the VFW Department of Wisconsin for any cause of action that may arise from the same.

Veteran/Applicant Signature

Date

REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION

- DD 214 for Veteran
- If applicant is surviving un-remarried spouse of Veteran: Marriage Certificate (or proof of receiving Disability & Indemnification Compensation).
- Current account statement/invoice from creditor in which applicant is seeking financial assistance in paying. "Current" is defined as no more than thirty-five (35) days old. Statement/invoice must show applicant's name, account number, and creditor's contact information.
- If seeking financial assistance with rent, and a monthly invoice is not provided by your landlord, written verification from your landlord, on official letterhead, showing current amount of back-rent owed.
- If seeking financial assistance with repairing/replacing major housing fixtures (furnace, air conditioning, water heater, or other necessary repairs/replacements needed for a habitable environment); OR vehicle repairs, please provide two (2) written estimates, on official letterhead, from different professional contractors/auto repair facilities.
- If Eviction/Foreclosure Notice has been received, submit copy of Notice.
- If utilities have been disconnected or a Notice of Disconnect has been received, submit a copy of either.
- If Repossession Notice received or Collections Action has been initiated, submit documentation showing such.
- As noted herein, applicants are required to pursue/exhaust other resources and benefits available to them prior to submitting their application. It is preferred by the Committee that this be shown by a written statement on official letterhead from the agency/organization, but an email to the Program's email address or submission of proof of application for assistance will suffice.

**REMINDER: FAILURE TO SUBMIT REQUIRED DOCUMENTS AND INFORMATION MAY
RESULT IN AUTOMATIC DENIAL OF YOUR APPLICATION!**

Application and required/supporting documentation are preferred to be emailed to UnmetNeeds@vfwwi.org. If you are unable to send via email, you may mail to:

VFW Unmet Needs Program

Attn: Jason Johns

126 Braun Rd

Oregon, WI 53575

The Committee endeavors to render decisions on applications within fourteen (14) days of receipt, but no later than thirty (30) days. Committee Chairman Jason Johns will directly notify you of the decision via email or phone.