



# Emergency Assistance Request Application



We understand that everyone goes through struggles during their life and sometimes need a helping hand. We at VFW Post and Auxiliary 4938 believe strongly in supporting and helping the Veteran and Military Families of Edmond, Oklahoma when and where we can.

Below you will find an application to apply for *emergency* assistance. This form and requested documentation are required to be filled out completely by anyone who is seeking assistance from us to have your situation reviewed. Please also be aware that while we would like to be able to help everyone, priority will be given to those who reside in Edmond, Oklahoma.

**We will not accept out of state applications.**

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*Please read through **all** of the following information before filling out or submitting your application.*

## **What Help We Provide**

We aid Veteran and Military families in need of **emergency** assistance or referrals to community partners/organizations. This assistance is not a loan.

**Any requests for things such as cash, gas cards, or gift cards will automatically be denied.**

## **Who Is Eligible for Assistance?**

To be eligible, an Applicant must be one of the following:

1. Veterans who have been **honorably** discharged from the U.S. Military.
2. Active Service Members of the U.S. Military.
3. Dependent of honorably discharged Veterans and/or Active Military who currently reside in the home with the Veteran or Active Service Member.  
*\*Eligible Dependents are those listed under the Defense Enrollment Eligibility Reporting System (DEERS).*
4. Surviving Spouses of an honorably discharged Veteran or of a Service Member killed during active service.
5. Spouses of Active Service Members who are currently deployed.

***Any Applicant/household seeking assistance must have the Veteran and/or current Active Service Member residing in the home (the only exception being verifiably deployed Service Members).***

## **Who Is Not Eligible For Assistance?**

1. Anyone who has not served in the U.S. Military.
2. Anyone who is not listed as a Dependent under the Defense Enrollment Eligibility Reporting System (DEERS).
3. Anyone whose financial hardship is caused by any one of the following:
  - a. Civil, legal, or domestic issues.  
\*Financial hardship that is the result of misconduct or spousal separation or divorce does not automatically disqualify anyone for assistance, but will be reviewed.
  - b. Financial mismanagement by self or others, or due to bankruptcy.

## **What Types Of Expenses Qualify?**

Due to this assistance being designed to help those who are in **emergency** situations, qualify expenses will be those deemed as basic and necessary needs for life which include, but are not limited to: household expenses such as rent, primary phone, utilities, food. This assistance is not designed for those who are seeking assistance with expenses that are not necessary daily needs.

## **What Types of Expenses Do Not Qualify?**

Types of expenses that will not be considered for assistance are expenses such as the following: credit cards, military charge cards, retail store cards, cable, \*internet, secondary phones, taxes-property or otherwise, vehicle or furniture rentals, monthly subscriptions (i.e., Netflix, Hulu, etc.), or any other expense not determined to be a basic life need.

*\*Exceptions that could qualify assistance for internet would be if the Veteran or Service Member receives regular medical/mental health care via video appointments.*

**The eligible and ineligible expenses lists are not all inclusive. Each case will be carefully reviewed for its own merits.**

## **The Application Process**

Once an Applicant has completed and submitted an application and the required documentation, a Representative of the VFW Post or VFW Auxiliary will review the provided information. It may be necessary for a Representative to contact an Applicant for any additional documents or information. Creditors (i.e., Utility Companies, Landlords, etc.) will then be contacted to verify any expenses that are a part of the requested assistance. If it is appropriate for the situation or requested, contact will then be made with community partners or resource providers. A Representative will contact the Applicant to go over the application and discuss what resources and/or assistance is going to be offered and then Creditors that have been approved will be contacted and paid directly.

## **Required documentation**

*It is the responsibility of the Applicant to obtain and provide all required documentation.*

1. Copy of current Photo ID for all adults in household.

Types of accepted Photo IDs:

- a. Current Driver's License.
- b. Current State ID.
- c. U.S. Passport.
- d. U.S. Military ID Card.
- e. Any other photo ID issued by a U.S. state or federal agency.

2. Copy of DD-214 or a VA Verification of Service for the **honorably discharged** Veteran in the household.
3. Copy of current contract or service orders for any current Active Service Members.
4. Proof of address

Types of documentation that are accepted as proof of address:

*\*Please note that proof of address must also display the name of the Applicant or Veteran/Service Member.*

- a. Most recent utility bill.
- b. Current Lease Agreement or Mortgage Statement.
- c. Property tax receipt.
- d. Voter Registration Card.
- e. College Enrollment Papers.
- f. Bank or credit card statement.
- g. Insurance policy or bill.

5. If you are applying for assistance with bills (i.e., rent, utilities, etc.) you will also be required to provide proof of current account balance. **We will render payment for eligible current bills only.**

***Applications and documentation (except medical records and other protected information documents) will be kept for our records for three years.***

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Be aware that while applying for assistance does not guarantee assistance, each application is reviewed on a case-by-case basis. VFW Post 4938 and VFW Auxiliary 4938 reserve the right to make exceptions or application denials, as well as the right to determine the type of assistance provided or recommended. Upon approval, any payments are made **directly to the creditor only.**

Date Applying \_\_\_\_\_

Please briefly explain the situation causing this request for emergency assistance as well as how long the situation has been occurring:  
\_\_\_\_\_

Name of Applicant \_\_\_\_\_

Applicant Phone number \_\_\_\_\_

Phone Number Type \_\_\_\_\_

Email \_\_\_\_\_

Applicant's relation to Veteran/Service Member in the household: \_\_\_\_\_

Household Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Employer \_\_\_\_\_

Employer Phone Number \_\_\_\_\_

Income \_\_\_\_\_

Income Type:            Hourly            Weekly            Biweekly            Monthly            Salary            Other

Other Sources of Income		
Income Type	Amount Paid	Frequency of Payments (Weekly, Monthly, Annually)
Child Support		
Alimony		
Retirement		
Social Security		
Unemployment		
Worker's Compensation		
Disability		
Other		
Other		

Have you applied for, are currently in the process of applying for, or are currently receiving any state assistance?            Yes            No

If yes, what forms of assistance?

Type: \_\_\_\_\_

Are you currently receiving this assistance?      Yes                  No                  No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Type: \_\_\_\_\_

Are you currently receiving this assistance?      Yes                  No                  No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Type: \_\_\_\_\_

Are you currently receiving this assistance?      Yes                  No                  No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Are you current or former military?                  Yes                  No

If yes, Date of Enlistment                                  Date of Separation

If you are a Veteran, do you currently receive VA disability or currently in the process of applying for VA disability?      Yes                  No

Is anyone in the home (other than Applicant) disabled?      Yes                  No

Is anyone in the home currently pregnant?                  Yes                  No

Number of adults in household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_

**Please fill out the following information for any other adult(s) residing in the household**

**Other Adult In Household 1**

Name \_\_\_\_\_

Relation to Applicant:

Relation to Veteran/Service Member in the household:

Phone number \_\_\_\_\_

Employer \_\_\_\_\_

Income \_\_\_\_\_

Income Type:      Hourly      Weekly      Biweekly      Monthly      Salary      Other



## Other Adult In Household 2

Name \_\_\_\_\_

Relation to Applicant:

Relation to Veteran/Service Member in the household:

Phone number \_\_\_\_\_

Employer \_\_\_\_\_

Income \_\_\_\_\_

Income Type:            Hourly            Weekly            Biweekly            Monthly            Salary            Other

Other Sources of Income		
Income Type	Amount Paid	Frequency of Payments (Weekly, Monthly, Annually)
Child Support		
Alimony		
Retirement		
Social Security		
Unemployment		
Worker's Compensation		
Disability		
Other		
Other		

Have you applied for, are currently in the process of applying for, or are currently receiving any state assistance?                            Yes                            No

If yes, what forms of assistance?

Type: \_\_\_\_\_

Are you currently receiving this assistance?                            Yes                            No                            No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Type: \_\_\_\_\_

Are you currently receiving this assistance?                            Yes                            No                            No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Type: \_\_\_\_\_

Are you currently receiving this assistance?      Yes                  No                  No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Are you current or former military?                  Yes                  No

If yes, Date of Discharge                                  Date of Separation

If you are a Veteran, do you currently receive VA disability or currently in the process of applying for VA disability?                  Yes                  No

### Other Adult In Household 3

Name \_\_\_\_\_

Relation to Applicant:

Relation to Veteran/Service Member in the household:

Phone number \_\_\_\_\_

Employer \_\_\_\_\_

Income \_\_\_\_\_

Income Type:                  Hourly                  Weekly                  Biweekly                  Monthly                  Salary                  Other

Other Sources of Income		
Income Type	Amount Paid	Frequency of Payments (Weekly, Monthly, Annually)
Child Support		
Alimony		
Retirement		
Social Security		
Unemployment		
Worker's Compensation		
Disability		
Other		
Other		



Have you applied for, are currently in the process of applying for, or are currently receiving any state assistance?                      Yes                      No

If yes, what forms of assistance?

Type: \_\_\_\_\_

Are you currently receiving this assistance?                      Yes                      No                      No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Type: \_\_\_\_\_

Are you currently receiving this assistance?                      Yes                      No                      No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Type: \_\_\_\_\_

Are you currently receiving this assistance?                      Yes                      No                      No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Are you current or former military?                      Yes                      No

If yes, date of discharge    Date of Separation

If you are a Veteran, do you currently receive VA disability or currently in the process of applying for VA disability?                      Yes                      No

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### Other Adult In Household 4

Name \_\_\_\_\_

Relation to Applicant:

Relation to Veteran/Service Member in the household:

Phone number \_\_\_\_\_

Employer \_\_\_\_\_

Income \_\_\_\_\_

Income Type:                      Hourly                      Weekly                      Biweekly                      Monthly                      Salary                      Other



## Other Adult In Household 5

Name \_\_\_\_\_

Relation to Applicant:

Relation to Veteran/Service Member in the household:

Phone number \_\_\_\_\_

Employer \_\_\_\_\_

Income \_\_\_\_\_

Income Type:            Hourly            Weekly            Biweekly            Monthly            Salary            Other

Other Sources of Income		
Income Type	Amount Paid	Frequency of Payments (Weekly, Monthly, Annually)
Child Support		
Alimony		
Retirement		
Social Security		
Unemployment		
Worker's Compensation		
Disability		
Other		
Other		

Have you applied for, are currently in the process of applying for, or are currently receiving any state assistance?                    Yes                    No

If yes, what forms of assistance?

Type: \_\_\_\_\_

Are you currently receiving this assistance?            Yes                    No                    No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Type: \_\_\_\_\_

Are you currently receiving this assistance?            Yes                    No                    No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Type: \_\_\_\_\_

Are you currently receiving this assistance?      Yes      No      No Decision Yet

If yes, how long have you been receiving this assistance? \_\_\_\_\_

Are you current or former military?      Yes      No

If yes, Date of Discharge      Date of Separation

If you are a Veteran, do you currently receive VA disability or currently in the process of applying for VA disability?      Yes      No

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### **Children In The Household**

**Please fill out the following information for any child(ren) residing in the household.**

If there are children in the home, please list their age(s):

\_\_\_\_\_

If Applicable, what grade(s) is/are the child(ren) in: \_\_\_\_\_

Does/Do the child(ren) reside in the home full time?      Yes      No

If not, how often is/are the child(ren) in the home? \_\_\_\_\_

If not, who does/do the child(ren) reside with when not in the home and what is that person's relation?

\_\_\_\_\_

Do any children in the household have any disabilities, medical conditions, or any diagnoses that requires a higher level of care or therapy?      Yes      No

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Have you or anyone in the household applied for assistance with us previously?      Yes      No

If yes, when? \_\_\_\_\_

If yes, what assistance was provided? \_\_\_\_\_

Has anyone else in the household received assistance from us previously?      Yes      No

If yes, when? \_\_\_\_\_

If yes, what assistance was provided? \_\_\_\_\_

Have you or are you currently applying for assistance from anywhere else?      Yes      No

If yes, where? \_\_\_\_\_

If yes, what is the status of that applied assistance?

\_\_\_\_\_

Other than what you may have already mentioned, have you or are you currently applying for assistance from anywhere else?      Yes              No

If yes, where? \_\_\_\_\_

If yes, what is the status of that applied assistance?

How did you hear about us or know to contact us?

Current Expenses: (please check all that apply and use estimates)

Rent/Mortgage: \_\_\_\_\_ Who is the responsible paying party: \_\_\_\_\_

Tuition: \_\_\_\_\_ Who is the responsible paying party: \_\_\_\_\_

Utilities: \_\_\_\_\_ Who is the responsible paying party: \_\_\_\_\_

Childcare: \_\_\_\_\_ Who is the responsible paying party: \_\_\_\_\_

Other: \_\_\_\_\_ Who is the responsible paying party: \_\_\_\_\_

Other: \_\_\_\_\_ Who is the responsible paying party: \_\_\_\_\_

Other: \_\_\_\_\_ Who is the responsible paying party: \_\_\_\_\_

What assistance are you applying for?

**If you are seeking rental assistance, please provide the following information:**

*This information is **required** to receive rental assistance as we will need to contact the Landlord to verify the amount owed. Any rental assistance provided will be paid directly to the Landlord.*

Name of Landlord: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Length of lease: \_\_\_\_\_ Move in date: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Are you at risk of being evicted or currently being evicted?      Yes              No

If you are currently being evicted, when are you required to leave? \_\_\_\_\_

**If you are seeking assistance with utilities, please provide the following information:**

*Proof of all amounts owed for utilities is **required** to receive assistance. Any amounts of assistance that may be provided will be paid **to the creditor** after we have contacted the Utility Company to confirm the amount owed.  
**No money will be issued to the Applicant or anyone residing in the household.***

Which utility/utilities are you seeking assistance for? \_\_\_\_\_

Have any utilities issued a Cutoff Notice?                      Yes                      No

If yes, which utilities: \_\_\_\_\_

Has service of any utilities been disconnected?                      Yes                      No

If yes, which utilities and when:

Utility: \_\_\_\_\_ Disconnection Date: \_\_\_\_\_

Utility: \_\_\_\_\_ Disconnection Date: \_\_\_\_\_

Utility: \_\_\_\_\_ Disconnection Date: \_\_\_\_\_

Utility: \_\_\_\_\_ Disconnection Date: \_\_\_\_\_

If any services have been disconnected, have you or anyone else in the household attempted to enroll in a payment plan or program with the company?                      Yes                      No

If yes, when? \_\_\_\_\_

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### **Application Submission**

Once the application has been completed and all of the required documentation has been completed you may submit them via email.

Please submit the application and documents (as attachments) to one of the following email addresses:

[VSO@VFW4938.ORG](mailto:VSO@VFW4938.ORG) or [PRESIDENT@VFWAUX4938.ORG](mailto:PRESIDENT@VFWAUX4938.ORG)

For reference regarding the process after an application has been submitted, please refer to the beginning portion of this application.

If you have any additional questions, if circumstances change, or if circumstances become of a more urgent nature, you may contact either of the email addresses listed above or call 405-341-2267.