**American Hometown Veteran Assist Inc. AHVA**

PO Box 1052 Archer, FL 32618

Florida Department of Agriculture

and Consumer Services Reg.# CH23315

**APPLICATION FOR ASSISTANCE**

Veteran Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Service Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many in household? \_\_\_\_\_\_\_\_Ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed? Y or N Is your spouse employed? Y or N

Are you Service-Connected Disabled? Y or N If so, what percentage? \_\_\_\_\_\_\_

Are you receiving VA Nonservice connected pension? \_\_\_\_\_\_\_\_\_ If so, how much? \_\_\_\_\_\_\_\_\_\_

Are you disabled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Budget/ Financial responsibilities**

Rent/mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_utilities average \_\_\_\_\_\_\_\_\_\_\_\_Phone cost\_\_\_\_\_\_\_\_ Internet/Cable cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food cost\_\_\_\_\_\_\_\_\_\_\_ Auto cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gas\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_

Health care provider name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Assistance providers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA Case manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application filed with other agencies Y or N For same assistance? Y or N

**Veteran Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What assistance are you seeking?Description of assistance being sought. Be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you wish to be considered for financial or other help, please be specific and provide all information on application. As a 501-c-3 Nonprofit organization, clear and accurate record keeping is critical to our long term operation and success. In consideration of state and other arrangements may be made.

Allowing us to used your story and picture will benefit other veterans. initial one of the following:

\_\_\_\_\_\_ AHVA has permission to use my story and picture on their website and social media.

\_\_\_\_\_\_ AHVA has permission to use my story only on their website and social media.

\_\_\_\_\_\_ AHVA does not have permission to used my story or picture.