



## Application for Delaware Veterans Trust

### Instructions for Application

1. Complete this application to submit your request for assistance and fill in all information unless it does not apply. A fully completed application will provide a clear and complete description of your needs. **Insufficient/incomplete information/documents will prevent application to be processed.**

#### **Required items for application:**

1. Copy of **DD 214**: Honorable Discharge or General Discharge Under Honorable Conditions
2. Copy of **Veteran's DE Driver's License/DE State ID: DE Resident Only** (Please verify License/ID against the DD 214 & other documents/bills)
3. Copy of **outstanding bills/invoices for payment** (Letters needs to be backed-up by invoices, bills, leases, etc.)
4. Copies of **last two pay stubs** (Any income statements: Unemployment, VA disability, Social Security, etc.)
5. Copies of **last two Savings and/or Checking account Statements**

2. Funds are disbursed to the vendor or service provider and not directly to the applicant. Complete and accurate vendor / service provider information is required: name, address, contact information, and account number. Attach copies of the bill or account information with your application.

3. We understand your need may be time sensitive but due to application volume, we cannot provide an immediate response. Our executive committee will review your application and **you should allow 5-7 business days for processing.** The committee considers:

- a. The applicant has an **EMERGENCY** financial need.
- b. There are no other programs or agencies that can assist in this financial emergency.
- c. The funds will assist the veteran recover from the financial emergency; the veteran will sustain themselves independently; or through assistance from other support / benefits programs.

4. The availability of funds is a major consideration in approving your request. The Delaware Veterans Trust Fund is contingent on the generosity of others by way of donations and is **limited by the balance of funds** available at the time of your request.

5. If you have a Veterans Service Officer (VSO) as your representative, they can assist you with completion of your request. Otherwise, contact the main office at (800) 344-9900, or (302) 739-2792.

6. Deliver your completed application in person to the following location nearest you:

- *New Castle County*- VSO (302) 365-8231  
2465 Chesapeake City Road, Bear, DE 19701
- *Kent County*- DCVA Main Office (Contact information below)
- *Sussex County*- VSO (302) 648-3068  
26669 Patriots Way, Millsboro, DE 19966



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**Please verify that you have contacted the following agencies prior to DVTF:**

Other Agency Assistance:	Date of contact	Not Eligible	Pending Reply	Enrolled with Agency
State Service Center: (302) 255-9675				
Catholic Charities: (302) 674-1600				
Connections/SSVF(Supportive Services for Veteran Families): (302) 250-5868: <i>(New Castle County)</i> (302) 518-5338: <i>(Kent County)</i> (302) 332-0913: <i>(Sussex County)</i>				
Veterans Multi-Service Center/SSVF: (302) 505-0849 : Paula Witcher				
Outcome (describe services provided)				

VETERAN'S INFORMATION			HOUSEHOLD CONTRIBUTOR (SPOUSE/Other)	
Name			Name	
SSN & DOB			Relationship	
Address			Email	
City/State/Zip			Phone	
Email				
Phone				
<b>Dependents (name / age)</b>				
<b>Employment Information</b>			<b>Employment Information</b>	
<b>Household Income (Monthly)</b>			<b>Veteran</b>	<b>Spouse (Other)</b>
Take home pay				
Unemployment				
Social Security / SSI				
Child support				



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Pension		
Disability		
Other (SNAP, and other assistance)		
Total		

Liquid Assets	Veteran	Spouse (Other)
Cash		
Checking accounts		
Savings accounts		
Other		
Total		

Expenses (Monthly)	Veteran	Spouse (Other)
Rent / Mortgage		
Electric		
Gas		
Water		
Sewer / Trash		
Lot rent		
Child care		
Car payment		
Car insurance		
Medical		
Credit card payments		
Other		
Other		
Other		
Total Expense		
Total Income (from page 1)		
Balance		



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Description of Request		
Amount(s) Requested	Purpose	Vendor (Name / Account / Phone)
<p>Please give a brief summary explaining your request for financial assistance from the DVTF:</p>          <p>What is your plan of action, if application is approved?</p>		
<p><b>Applicant Statement:</b> The information provided here is true and accurate. This information is permitted for use by members of the Delaware Commission of Veterans Affairs in consideration of my request. I understand the information will be shared with no others, unless authorized by me.</p> <p>Signature: _____ Date: _____</p>		
<p><b>Please note again, that insufficient/incomplete information/documents will prevent application to be processed. If required documents are missing, please explain in detail.</b></p> <ol style="list-style-type: none"> <li>1. <b><u>DD 214:</u></b> Honorable Discharge or General Discharge Under Honorable Conditions</li> <li>2. <b><u>DE Driver's License/DE State ID (DE Resident Only)</u></b></li> <li>3. <b><u>Outstanding bills/invoices for payment</u></b></li> <li>4. <b><u>Last two pay stubs</u></b> (Example: Unemployment, VA disability, Social Security, etc.)</li> <li>5. <b><u>Last two Savings and/or Checking account Statements</u></b></li> </ol>		

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Verified by: _____	Date: _____	Reviewed by: _____	Date: _____
Executive Director <i>Approval/Denial:</i> _____		Executive Committee Approval Required: <i>Yes/No</i>	
Date: _____		Date approved: _____	
State Credit Card Payment: _____		Date: _____	
State Check Voucher Payment: _____		Date: _____	