

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



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					
Veterans Multi-Service Center/SSVF: (888) 385-1250: In-Take (Please call first to see if you're eligible) (302) 505-0849: Paula Witcher					
VA HUD-VASH – 1-877-424-3939 Services for homeless and at-risk Veterans					
DEHAP -DE Housing Assist Program (Apartments/Rentals) 866-935-0407					
DEMAP- DE Emergency Mortgage Assistance Program 888-363-8808 or 302-577-5001					
VETERAN'S INFORMATION		SPOUSE/OTHER (<i>household contributor</i>)			
Name:		Name:			
SSN:	DOB:				
Address:					
City / State / Zip Code:					
Phone:		Phone:			
Email:		Email:			
Dependents (name / age)					
Veteran's Employment Information			Spouse/Other Employment Information		
Household Income (Monthly)		Veteran		Spouse (Other)	
Take home pay					
Unemployment					
Social Security / SSI					
Child support					
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)		

Description of Request		
Amount Requesting	Purpose (Rent, utilities, etc.)	Vendor's Name & Contact #



Please give a summary explaining your request for financial assistance from the DVTF:

What is your plan of action if application is approved?

Applicant Statement: 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.

Veteran's Signature: _____ Date: _____

Incomplete applications will not be processed, should veteran not provide the required documents within 14 days of submission, a new application must be placed. If required documents are missing, please explain in detail.

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OFFICE USE ONLY

Verified by:	Date:	Reviewed by:	Date:
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Executive Director Approval/Denial: Date:	Executive Committee Approval Required: Yes/No Date approved:
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Payment Process:

State Credit Card Payment:	Date:
State Check Voucher Payment:	Date: