

Instructions for Application:

1. Complete the following application to submit your request for assistance. A fully completed application will provide a clear and complete description of your needs.

INCOMPLETE APPLICATIONS WILL PREVENT PROCESSING.

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 directly to the vendor or service provider and not to the applicant. Complete and accurate vendor/service provider information is required: name, address, contact information, and account number.
3. The Executive Committee will review your application. **Please allow 10-14 business days for processing.** Application volume may lessen or extend processing. The committee considers:
 - a. Applicant has an **EMERGENCY** financial need.
 - b. Funds will aid a veteran's recovery from the financial emergency.
 - c. Veteran will sustain themselves independently.
4. 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. Complete applications may be delivered in person to the following locations nearest you:
 - *New Castle County* - 2465 Chesapeake City Road, Bear, DE 19701
 - *Kent County* - OVS Main Office (Contact information below)
 - *Sussex County* - 26669 Patriots Way, Millsboro, DE 19966
6. Complete applications may also be emailed to [DOS OVS@delaware.gov](mailto:OVS@delaware.gov).

APPLICATION APPROVAL IS NOT GUARANTEED



VETERAN'S INFORMATION		SPOUSE/OTHER (household contributor)
Name:		Name:
SSN:	DOB:	
Address:		
City / State / Zip Code:		
Phone:		Phone:
Email:		Email:
Description of Request		
Amount Requesting	Purpose (Rent, utilities, etc.)	Vendor's Name & Contact #
Total Requested:		

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 Office of Veterans Services/Delaware Commission of Veterans Affairs in consideration of my request. I understand the information will be shared with no others, unless authorized by me.

Veterans Signature: _____ Date: _____



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 Income		

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		