

Rebuild Hope Application For Emergency Financial Assistance

Please (1) read this application carefully, (2) provide all the requested information, (3) sign the form where indicated, (4) send required supporting documents when they are requested (5) keep copies for your own future reference.

Eligibility Requirements - Enter a "Yes" to the left of each one you meet

	OIF (Iraq) and (OEF) Afghanistan war veteran honorably discharged within past 3 years
	Received a service-connected disability rating of at least 50% (Enter Rating)
	Experiencing short term (not chronic) financial problems - not due to unemployment?
	Requesting financial assistance to pay for basic living expenses NOT debt repayment
	Will achieve a break-even monthly cash flow (i.e., budget) within 4 to 6 months
	Can provide two excellent personal references including a VA representative

Applicant Personal Information

Full Name:		Service Start:	
Service Branch:		Discharge Date:	
Status:(e.g., Veteran, Medical Hold):		Last Rank: (e.g. Sgt)	
Social Security Number (last 4 digits only):		Marital Status	

Applicant Contact Information

Home Address:	Street:		
	City/Town:		
	State:	Zip Code:	
Primary Phone:	Alternative Phone:		
Email Address:			

Applicant Household Members

Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:

Request For Financial Assistance

Need:	Amount:	Bill or Formal Quote:	Yes	No
Need:	Amount:	Bill or Formal Quote:	Yes	No
Need:	Amount:	Bill or Formal Quote:	Yes	No
Need:	Amount:	Bill or Formal Quote:	Yes	No
Need:	Amount:	Bill or Formal Quote:	Yes	No

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Previous Financial Assistance (During Past Two Years)			
Date:	Organization:	Use:	\$ Amount:
Date:	Organization:	Use:	\$ Amount:
Date:	Organization:	Use:	\$ Amount:

Service Deployments		
Country:	Tour Started:	Tour Ended:
Military Unit:	Responsibility:	
Country:	Tour Started:	Tour Ended:
Military Unit:	Responsibility:	
Country:	Tour Started:	Tour Ended:
Military Unit:	Responsibility:	

Service-Connected Injuries And Illnesses		
Briefly describe the nature of your injuries and illnesses:		
Briefly describe the circumstances that led to your injuries and illnesses:		
<u>Where</u> and when did they occur?		
What is your current disability rating?	Award date:	
Do you have an <u>outstanding claim</u> with the Veterans Administration?		
When was this <u>outstanding claim</u> accepted by the VA?		
Have you completed your medical evaluation to support your <u>outstanding claim</u> ?		
What did the medical evaluations confirm?		
If you have been diagnosed with PTSD, what is your GAF score?		
Current treatment and rehabilitation		
What?	How Often?	Where?
What?	How Often?	Where?
What?	How Often?	Where?

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Eligible & Ineligible Requests			
To ensure you understand what types of requests qualify for Rebuild Hope please read the Request Guidelines at http://www.rebuildhope.org/request_criteria.php AND the Ineligible Items List before submitting your application.			
Personal References			
Provide at least TWO references who know you well. One must be your VA case manager. PREFERRED References: they work for either a private, military, civic or non-profit organization. NOT ACCEPTABLE: They cannot be friends or family members.			
Name	Relationship	Phone	email

Please note that you must authorize the above individuals to provide character references for you.

Rebuild Hope Terms & Conditions	
Indicate you understand and agree to each term by entering your initials and today's date.	
	I certify that the information I have provided is accurate.
	I understand that this application will not be considered if the provided information cannot be easily verified by Rebuild Hope in a reasonable time.
	I agree to display a personal profile of the military member on the Rebuild Hope website so that potential donors can understand this opportunity to help you.
	I agree that my family will NOT accept duplicate funds for any requested item from any other source.
Applicant (or the person representing the applicant)	
Signature:	
Print Name:	
Date Signed:	
Relationship if Not The Applicant:	

How Did You Learn About Rebuild Hope?

- Veterans Administration
- Another Veteran
- Another Non-Profit Who? _____
- Internet Search
- Other How? _____

Submit Application: email – applicants@rebuildhope.org fax - 901-217-8481