

CITRUS COUNTY VETERANS FOUNDATION, INC.

FINANCIAL GRANT REQUEST APPLICATION FOR CITRUS COUNTY VETERAN

Name of Applicant: _____

Address: _____
Street City State Zip Code

Primary Phone Number: _____

Marital Status: Single _____ Married _____ Divorced _____ Widow/Widower _____

Spouse's name, if applicable: _____

Total number of adults (older than 18) and children living in household: Adults _____ Children _____

Relationship to applicant of adults and children (biological, legally adopted or foster) living in household: _____

Applicant's Employment/Income Information:

Employer and Business Name: _____

Employer's Address: _____
Street City State Zip Code

Monthly Salary: \$ _____

If not employed, please state why: _____

Spouse's Employment/Income Information (if applicable):

Employer and Business Name: _____

Employer's Address: _____
Street City State Zip Code

Monthly Salary: \$ _____

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Do you have any other source of income such as Social Security, SSI, pension, welfare, unemployment, food stamps?

Yes _____ No _____

If yes, amount: \$ _____

Source: _____

Do you receive VA or Social Security disability payments?

Yes _____ No _____

If yes, amount: \$ _____

Source: _____

Do you have a claim pending with the VA?

Yes _____ No _____

If yes, amount: \$ _____

Total Monthly Household Income: _____

Must include income from all household members

Have you received emergency financial grant assistance from the CCVF, Inc. before or from any other source?

Yes _____ No _____

If yes, please state CCVF or name of other source, amount, and when grant was received

What was the emergency need? _____

Please provide a *brief* description of your request and circumstances requiring emergency financial assistance. You may attach another sheet, if needed.

