

CITRUS COUNTY VETERANS FOUNDATION, INC.

c/o Citrus County Veterans Services
2804 W. Marc Knighton Court, Key #13
Lecanto, FL 34461-7718

FINANCIAL GRANT REQUEST – GENERAL INFORMATION FOR APPLICANT

The Citrus County Veterans Foundation, Inc. is a non-profit charitable organization whose sole purpose is to disperse funds to cover emergency financial expenses to eligible veterans (Honorable Discharge and Citrus County resident) or their surviving spouse. These grants are not for the purpose of recurring financial obligations but rather temporary assistance to aid the veteran or their surviving spouse for single emergencies.

The following needs do not qualify as emergency situations: life or medical insurance premiums;; telephone bills (including cell phones and cable); college tuition; college loans; transportation for personal travel; bills in any name other than the applicant; or other expenses deemed non-essential .

Qualifying Criteria and Required Documentation for All Applicants:

- Must be honorably discharged from respective branch of service – DD-214 required
- Must be a Citrus County resident – Driver's License or State ID required
- Veteran's total income plus all income from household members
- Number of veteran's biological, legally adopted or foster children living in home – Appropriate documents for each child
- Spouse information – Marriage license
- Copy of eviction (and lease agreement) or foreclosure notice issued in applicant's name if requesting short term assistance with rent or mortgage payment
- Copy of bill issued in applicant's name with amount due for emergency need
- Copy of estimate of repair or service issued in applicant's name for emergency need

Please note: If applicant does not have a copy of DD-214 the Citrus County Veterans Service Office may assist the applicant in obtaining it. Applications require approval by a majority of the CCVF Board of Directors. All applications will remain confidential and in the possession of the Citrus County Veterans Service Office.

CITRUS COUNTY VETERANS FOUNDATION, INC.

FINANCIAL GRANT REQUEST APPLICATION FOR CITRUS COUNTY VETERAN

Name of Applicant: _____

Address: _____
Street City State Zip Code

Phone: Home _____ Work _____ Cell _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed/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: _____
Business Name

Address: _____
Street City State Zip Code

Monthly Income: \$ _____

If not employed, please state why: _____

Spouse and/or Adult Resident Employment/Income Information (if applicable):

Employer: _____
Business Name

Address: _____
Street City State Zip Code

Monthly Income: \$ _____

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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? _____ If Yes, amount _____

If yes, please provide your VA Rating Letter showing conditions and percentage of disability for each condition. _____

Do you have a claim pending with the VA? _____ 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? _____ 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 the circumstances as to WHY you are requesting emergency financial assistance.

