

Darrow Rebuzzini Post 48, American Legion Inc.

American Legion Post 48 Cash Assistance Fund Application

Application is to identify a veteran that requires emergency financial assistance. A veteran must live in Guilford and demonstrate a need for financial aid. Examples include but are not limited to: an individual with a medical emergency who can't work, has an unexpected loss or reduction in income, loss of childcare or need to care for a loved one resulting in unexpected expenses. The maximum grant per veteran to be considered is \$200. This grant is made possible by Post 48's Pay Forward Fund

Date of application: _____

Veteran's Name: _____

Veteran's residential address: _____

Veteran's mailing address: _____

Branch/Dates of Service: (Attach a copy of DD214) _____

Household Composition: # of adults: _____ # of children: _____

Is the Veteran registered with the Veteran's Administration? _____

VA Disability rating: _____

Are you the veteran applying for the grant? Yes No

If you are not the veteran but are applying on behalf of a veteran, please complete page 2.

Current income and source: _____

What specifically is your economic situation? _____

Amount requested: _____

Specific purpose for request: _____

Provide proof of address: ie, utility bill, lease, or landlord's name and number to be contacted to verify address: _____

What impact will grant have on you and your family?

Please email application directly to fbrisbois@comcast.net OR mail to Fred Brisbois, 223 Flat Meadow Road, Guilford, CT 06437 or drop off at 223 Flat Meadow Road, Guilford, CT 06437

I attest that my declaration of income and program participation is accurate and truthful. A copy of my DD214 is attached.

Veteran's Signature: _____ **Date:** _____

IF YOU ARE NOT THE VETERAN BUT ARE APPLYING ON BEHALF OF A VETERAN PLEASE COMPLTE THE FOLLOWING:

Your name: _____

Your address: _____

Your phone number: _____

Your email address: _____

Why are you applying for the veteran: _____

Your relationship to the veteran: _____

Applicant's Signature: _____ **Date:** _____