APPLICATION FOR HELPING HANDS FOR FREEDOM FINANCIAL ASSISTANCE

Complete all applicable blocks **Please type or print clearly**

Name of Service Member (Last, First, MI)	Grade	Branch of Service	Home of Record	Date of Application

SSN	DOB	Years Served	DOS	Deployed Location(s) and Date(s) of Deployment

Home Address (include City, State & Zip code):	Telephone Number	Email address	Active Duty/Reservist/NG/ Retired/Veteran?

	Does Service Member have a VA disability rating?		VA Disability Rating	**Please attach copy of DD214 to application**
Is Service Member Deceased ?	Location of Death	Date of Death	Cause of Death	Referred By

Name of Applicant (if not service member)	DOB	Relationship	Telephone Number	Email address

ALL DEPENDENTS AND OTHERS RESIDING IN HOUSEHOLD

Age	Name/Relationship	Age	Name/Relationship	Age	Name/Relationship	Age	Name/Relationship

A.	MONTHLY HOUSEHOLD INCOME	CURRENT	PROJECTED
1.	Salary of Applicant - Gross		
2.	Military Retiree pay		
3.	VA Disability Income		
5.	Social Security Benefits		
6.	Spouse's earnings (Gross)		
7.	Child Support (Received)		
8.	Interest/Dividends income		
9.	Rental Income		
10.	Other household income (Specify)		
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.	**TOTAL (A)**		

B.	**EXPENSES** (Average Monthly Payments)	CURRENT	PROJECTED
25.	Alimony/Child Support (paid)		
26.	Health Insurance		
27.	Other insurance (specify)		
28.	Rent/Mortgage		
29.	Utilities		
30.	Telephone		
31.	Cable/Internet		
32	Food and Household supplies		
33.	Clothing		
34.	Life Insurance/SGLI		
35.	Home/rental/Property Insurance		
36.	Vehicle insurance		
37.	Vehicle gas/maintenance		
38.	Child Care		
39.	Education/School expenses		
40.	Charitable Contributions		
41.	Personal needs (Specify)		
42.			
43.	**TOTAL (B)**		

List all assistance received within the past 12 months.

Organization	**Date**	**$ Amount**
TOTAL AMOUNT OF ASSISTANCE RECEIVED		$

C. INDEBTEDNESS

	Creditor Name	Purpose	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
48.								
49.								
50.								
51.								
52								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.	**TOTAL INDEBTEDNESS***						***C**	

My household currently has $_____ cash available in our checking/savings account.

Total household **income (A):** $_____

Total monthly **expenses (B+*C)**: $_____

SURPLUS or DEFICIT **Amount:** $_____

Please provide one reference of an individual in a position of authority who is familiar with your situation/circumstances. This may be a current or former commander, first sergeant, case manager, etc. Please notify this individual that they may be contacted to verify application information.

Contact Name:
Rank or Title:

Telephone Number:
Email Address:
Mailing Address:

Describe your current circumstances and the events that brought you to this point. If you are a wounded military member/veteran, describe your injury, how it occurred and how your injury impacts your financial situation.

What current or future actions are you planning to improve your current financial situation?

What **specifically** (which bills, mortgage, etc.) are you requesting financial assistance for?

Please include **copies of bills** that you are requesting to be paid as a separate attachment to the application.

(*As a reminder, HHFF **cannot pay for or provide funds directly for food, gas, etc.)**

APPLICANT'S CERTIFICATION

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of all documentation substantiating honorable military service, death, service connected disability, and/or combat wound(s).

_____

Signature of Applicant and Date

THIS PORTION FOR HHFF USE ONLY.

Service Members File #_____ Name_____

This application has been approved for the amount of $ _____

The following items to be paid by HHFF:

_____

_____

Signature of HHFF Representative and Date

This application was not approved and the applicant has been apprised of the reason(s) and/or circumstances under which this request for assistance was denied.

_____

Signature of HHFF Representative and Date