Idaho Division of Veterans Services, Office of Veterans Advocacy

444 West Fort Street, Room 140
Boise, ID 83702
(208) 780-1380

IDAHO VETERAN'S EMERGENCY RELIEF GRANT APPLICATION

_____ 20 _____

1. Name of Applicant:_____

2. Current Address:_____
   Street Address City State Zip code

3. Telephone Number:_____

4. Service Number: _____ Social Security Number:_____

5. Date of Entry Into Service: _____ Date of Discharge:_____

6. Branch of Service:_____

7. Type of Military Discharge: Honorable: _____Other:_____

8. Are you currently a bona fide resident of Idaho?_____

9. Dependents: Spouse: _____ Children:_____

FINANCIAL STATUS

1. Current family income per month $

2. Available cash reserves $ _____

I certify the above to be true to the best of my knowledge.

_____

Applicant's Signature

****

I certify that the above named individual has attempted to obtain assistance and that to the best of my knowledge he/she is not eligible for such aid.

_____

Veterans Service Officer

CIRCUMSTANCES CREATING AN EXTREME EMERGENCY
To Be Completed by Applicant (Be detailed and specific):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Amount of Grant Requested: _____

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CERTIFICATION BY STATE SERVICE OFFICER

Meets Grant Criteria, Amount Recommended for Consideration:_____

Fails to Meet Grant Criteria:

Reason: _____

_____

_____

_____

_____

I hereby certify that I have examined the applicant's discharge, made personal investigation of the case, verified residency and informed the applicant of other permanent sources of aid.

_____

State Service Officer
Idaho Division of Veterans Services