



Joining Forces Idaho Grant Information & Application

A Coalition of Communication to Better Serve Idaho Veterans

Requirements for Grant Application:

1. Applicant must be a resident of Idaho.
2. Applicant must be able to show veteran status or affiliation to the veteran.
3. For funds to be provided, the request must be current and NOT ongoing, meaning the request for support will not be repeated the next month, and the veteran is actively trying to better their situation. To ensure the nature of the request, you will be asked
 - a. Current income or employment status
 - b. Benefits
 - c. Any additional income or support

*Additional resources/programs may be provided to the applicant, such as financial advising, educational support, or a benefits advocate to give opportunities for stability and support. *

4. If payment support is being requested, for example, electric bill, rent or car repairs, statements or bills must be provided, and the payment will be made directly to the providers.
5. To be approved, some of the factors taken into consideration are the efforts being made by the veteran, ensuring they are either receiving, have actively pursued or are pursuing VA benefits, dependents, and the nature of circumstances involved. Funds are requested from an array of state grants, local grants, and local charities. While decisions are not made lightly, those providing the support make the final decision or whether to support and how much can be provided. Please be as complete in your answers so the appropriate connections can be made.

Additional Documentation Required:

- a. Separation papers (DD214 #4 or similar) showing character of discharge.
- b. Bills, statements, invoices or past due notices that justify the amount being requested. (rent will be confirmed with landlords)
- c. Proof of Idaho as home of record, current residency, or intend to make Idaho your new home.

All pages of the form must be signed to confirm that the information provided is completed to the best of your ability, and that you as the applicant grant the Joining Forces team permission to share the information provided in network to facilitate support.

Joining Forces Application for Support

Personal Information:

1. Name: _____
2. Current Address: _____
3. Email Address: _____
4. Telephone: _____
5. Social Security Number (last 4): _____
6. Branch of Service: _____
7. Date of Service Entry: _____ Date of Service Discharge: _____
8. Type of Military Discharge: _____
9. Are you receiving VA Disability? Yes / No (if yes, percentage): _____
10. How long have you been a resident of Idaho: _____
11. Dependents: Married Yes / No (if yes, name): _____
Children Yes / No (if yes, please list ages below)
12. Available Cash/Savings on hand: _____

Circumstances for Request:

Please state below the circumstances creating an “extreme emergency” which include but are not limited to the following:

1. What brought you to your current financial situation?
2. How is it impacting you and/or your family?
3. Will receiving financial assistance satisfy your current situation?

Have you received assistance from other Veteran Service Organization(s)?

Yes / No

If yes, which organization(s)?

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Financial Status:

Outstanding Debts			
<u>Creditor</u>	<u>Purpose</u>	<u>Monthly Payment</u>	<u>Amt. Overdue</u>
Total Monthly Payments			
		Total Outstanding Debts	

Incomes			
	<u>Veteran</u>	<u>Spouse</u>	<u>Other</u>
Wages			
VA Comp			
Soc Sec			
Retirement			
Food Stamps			
Charities			
Other:			
Totals			
		Total Household Income	

Monthly Expenses			
<u>Rent or Mortgage</u>			
Utilities			
Power			
Gas (house)			
Water			
Food			
Car			
Payment			
Insurance			
Fuel			
Other:			
Other:			
		Total Monthly Expenses	

*Please provide any bills, statements, invoices or past due notices that justify the amount being requested. (rent will be confirmed with landlords)

I certify that the above is true and give permission to the Joining Forces team to share my information with those who may potentially be able to support me in my request.

Applicant Signature

Date