



## **Application for Assistance for Financial Hardship for Individual Veterans**

*CAMPV wants to thank you for your service.*

*And we want to take it a step further than a statement and a handshake by giving back.*

**ALL APPLICATIONS WILL TAKE 5-7 BUSINESS DAYS FOR REVIEW AND APPROVAL.**

Eligible recipients must be:

- Discharged from the military and present their DD214 as proof of “other than Dishonorably Discharged”
- Must be a resident of East Texas.

The financial hardship cannot be caused by:

- Civil, legal, or misconduct issues

All grants are paid directly to the creditor and not to the applicant. The applicant must provide the most current bill(s) due. We will render payment for eligible current bill(s) only.

### **THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE ATTACHED**

- Copy of DD214 or other approved documentation of Veteran Service / Discharge
- Copy of Valid State of Texas Driver’s License, ID, or Voter ID
- Copy of bill, estimate, or equivalent attached
- Proof of residency (utility bill in veteran’s name or contact us for other forms of proof)
- Copy of household bank activity for the last 30 days. (Not last month’s bank statement)

If the applicant is the spouse of a deceased Veteran, please also provide:

- The Veteran’s Death Certificate
- Your marriage license

### **Expenses Eligible for Payment:**

- Utilities
- Household expenses – mortgage, rent
- Vehicle expenses – finance payment, insurance
- Other expenses may be considered

### **Ineligible Expenses:**

- Credit cards, military charge cards, or retail store cards
- Cable, internet, or secondary phones
- Cosmetic or investigational medical procedures & expenses
- Taxes - property or otherwise
- Furniture, electronic equipment, or vehicle rentals
- Any other expenses not determined to be a basic life need

**The eligible and ineligible expense lists are not all-inclusive. Each case will be carefully reviewed for its own merits. Upon approval, payments will be made on your behalf, directly to the creditor. All applications are individually reviewed and CAMPV reserves the right to make exceptions on a case-by-case basis.**

**NOTE: The applicant must be the individual Veteran seeking assistance.**

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Branch of Military: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Monthly Income:      Employment \$ \_\_\_\_\_      SSI \$ \_\_\_\_\_      SSDI \$ \_\_\_\_\_

                                 VA Pension \$ \_\_\_\_\_      VA Disability \$ \_\_\_\_\_      Other \$ \_\_\_\_\_

Do you have any current Pay day loans or Auto title lending: Y/N

Loan Amount \$ \_\_\_\_\_      Interest rate % \_\_\_\_\_

How many persons in the household: \_\_\_\_\_

What type of assistance are you requesting? \_\_\_\_\_

\_\_\_\_\_

Who is the company or person or store that will be the recipient of the check, if approved? Include their address, phone number, account number, and a copy of the bill, estimate or equivalent. (If all this information appears on the bill, please write "on attached bill" below.)

\_\_\_\_\_

\_\_\_\_\_

How much are you requesting? (What is the minimum amount needed to keep you out of an emergency situation?)

\_\_\_\_\_ Due by: \_\_\_\_\_

What other organizations have you sought assistance from in the past or for this situation? What assistance did they provide? And what other ways have you tried to correct this matter?

\_\_\_\_\_

Have you received assistance from CAMPV in the past? \_\_\_\_ yes \_\_\_\_ no    When? \_\_\_\_\_

Please explain why it is important for you to receive assistance from CAMPV (for example, what will happen if this bill doesn't get paid, who all does it impact, were there unusual circumstances that lead to this situation, what is your plan to resolve this financial hardship in the future, **did COVID contribute to this need, and if so, how?**)

Add more information on the next page or on the back of this application if necessary.

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It is possible that CAMPV may be aware of an organization better suited to assist you with your need. If this is the case, we will contact you directly, as soon as reasonably possible, so that your need can be addressed in a timely manner.

- By signing below, you give CAMPV permission to contact you and/or the creditor to confirm or clarify the information you have provided.
- You also acknowledge that CAMPV has limited funds not all applications will be approved, and some may be partially approved. Financial assistance is limited to a **one-time disbursement of up to \$500 within a 12-month period** based on qualifications set forth by CampV. If approved for a second financial assistance claim after the initial 12 months has elapsed, no further applications will be accepted for 18 months.
- No funds will be disbursed directly to the applicant, rather, they will be provided to the creditor.
- Also, by signing below, you agree not to hold CAMPV accountable for any problems that occur in paying your bill, including, but not limited to, misapplication of funds to an account, fees not listed on your bill, consequences related to paying bills late, repair mistakes, amounts beyond those requested (repair bill being higher than estimated), disruption of services, etc.
- You understand that Financial Assistance Requests may not be completed the same day the application is turned in.
- Applications received after 4:00 PM will not be reviewed until the next business day.
- You attest that you have completed this form accurately and that supporting documents are authentic. Any attempts at fraud will be reported to the proper authorities.
- You agree that when you are financially able to give back to CAMPV, you will keep us in mind no matter the amount so that we can help more Veterans in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

Amount Awarded \$ \_\_\_\_\_

## Housing: Mortgage Payments

**Mortgage or Loan must include:**

- (A) Lien Holder or Vendor Name
- (B) Beneficiary Name and Address
- (C) Property Address
- (D) Statement Date
- (E) Amount Due
- (F) Explanation of Amount Due

## Housing: Lease or rental payment

**Lease or Rental Agreement must include:**

- (G) Owner Name
- (H) Tenant Name
- (I) Property Address
- (J) Term of Lease
- (K) Periodic amount due in the agreement

OR

**Eviction Notice must include:**

- (A) Date
- (B) Property Address
- (C) Tenant Name
- (D) Owner Name
- (E) Total Amount Due
- (F) Signature of Owner or Vendor

## Utility Payments

**Utility statement must include:**

- (L) Vendor Name
- (M) Beneficiary Name and Address
- (N) Service Address
- (O) Statement Date
- (P) Amount Due

## Vehicle repair

### **Itemized invoice from Licensed Repair**

#### **Facility or Business must include:**

- (Q) Vendor Name
- (R) Client Name and Address
- (S) Vehicle Info (make, model, year)
- (T) Description of Repair
- (U) Amount paid per repair part
- (V) Total amount for labor
- (W) Total amount for all parts
- (X) Total Amount Paid
- (Y) Date of Purchase

## Vehicle insurance

### **Vehicle insurance policy statement must include:**

- (Z) Vendor Name
- (AA) Client Name and Address
- (BB) Policy Number
- (CC) Vehicle Info covered (make, model, year)
- (DD) Statement Date
- (EE) Amount Due

## Vehicle loan

### **Loan statement must include:**

- (FF) Vendor Name
- (GG) Client Name and Address
- (HH) Statement Date
- (II) Amount Due
- (JJ) Loan Statement must include vehicle information (make, model, year)