

Project Help

Intake form Instructions

Please follow these directions completely to prevent losing time in processing your request.

Include all documentation including you DD-214, proof of hardship. Provide turn off notices, eviction or late payment proof and the like.

Be sure to completely fill out the following form and sign it.



Project Help Veterans Hardship Fund Application

Sandy@MitchellClan.com

Veteran's information:

How did you find us?				
First Name	Last Nar	ne		
Address	City		State	ZIP
Phone	Cell			
Email address:				
Date of Birth				
Marital Status: Single Mai	rried Di	vorced	-	
Spouses Name:		Cell no	umber:	
Do you have children under the age	of 18?	How Many?	Age	es?
Do your children live with yo	ou:	How many		
Are you currently employed?	Where?			
What is your annual income from er	nployment from al	I family members	and yours	self?
Are you collecting any benefits from	the VA?			
What and how much per year?				
Do you have any open claims with the	he VA?			
Please explain and include s	tatus if known			



Are you registered at the VA Health Care System?
Are you currently receiving or in the process of applying for assistance with any other organization
(government or nonprofit)? If yes, please explain and name the organization.
Please use an addition sheet of paper if needed.
Military Service Information, please attach a DD214
Branch Dates of Service
Type of discharge: (Dishonorable discharge will be cause to show circumstances.)
Please use this area to describe the help you are requesting.



Emergency Contact Information

Name:	
Relationship to Applicant:	
Home Phone:	_ Cell Phone:
Email:	

Financial Information:

Revenue: Monthly

Income from work (Applicant)	\$
Income from VA (Applicant)	\$
Other income, alimony, child support	\$
Income from work (Spouse/other)	\$
Income from VA (Spouse/other)	\$
Other income, alimony, child support (spouse other)	\$
Total household income	\$

Please Round to the nearest dollar

Expenses: Monthly

Electric	\$
Gas for heat/cooking	\$
Food	\$
Car insurance	\$
Car payment	\$
Rent	\$



Mortgage	\$
Home insurance if not included in mortgage	\$
Clothes	\$
Cell phone	\$
Land line	\$
Internet	\$
Cable or Satellite TV	\$
Other specify	\$
Tuition not paid under GI Bill	\$
Alimony	\$
Child support	\$
Elder care	\$
Life insurance for family members and yourself	\$
Hair cuts	\$
Uniforms	\$
Gas for car	\$
Other specify	\$
Other specify	\$
Total household expenses	\$

Assets/liabilities

Asset	Amount paid	Balance owed
House	\$	\$
Car # 1	\$	\$
Car # 2	\$	\$
Boat	\$	\$
Vacation home/time share	\$	\$
Total household assets/liability	\$	\$

Amount paid minus balance owed equal your equity (asset)

Estimated amounts are fine if you don't know exactly the info above.



You must provide evidence of any bills overdue including rent/mortgage etc.

All organizations that provide financial assistance will only pay your creditor, thus an invoice, eviction notice, court notice etc. must be presented. There are no exceptions this this.

You must also agree to money management counselling and to living on a budget.

Please read before signing.

I understand that Project Help is using this information to determine eligibility for financial assistance. Project Help has permission to share this information with other organization in an effort to gain support for me. I hereby waive any and all expectation of privacy I may have in return for the services and/or assistance I am seeking.

I hold harmless, Project Help, Inc. et al and give my permission to share my information.

I attest, to the best of my ability, I have answered all questions honestly and completely.

Print Name	 	
Signature	 	
Date		

Final page of the hardship fund application

Have you been convicted of a felony?		
If yes, did you serve your full time or are you on parole?		
What crime was it and when? Tell us about it.		
Are you clean and sober If no please tell us why		
Signature		
Date		