



SERVING VETERANS AND THEIR FAMILIES

55 Bank St. | Sussex, NJ | 07461 | 973-875-2068 | EIN 81-1804210

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.



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Project Help Veterans Hardship Fund Application

Sandy@MitchellClan.com

Veteran's information:

How did you find us? _____

First Name _____ Last Name _____

Address _____ City _____ State ____ ZIP _____

Phone _____ Cell _____

Email address: _____

Date of Birth _____

Marital Status: Single _____ Married _____ Divorced _____

Spouses Name: _____ Cell number: _____

Do you have children under the age of 18? _____ How Many? _____ Ages? _____

Do your children live with you: _____ How many _____

Are you currently employed? _____ Where? _____

What is your **annual income** from employment from all family members and yourself? _____

Are you collecting any benefits from the VA? _____

What and how much per **year**? _____

Do you have any open claims with the VA? _____

Please explain and include status if known _____



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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 additional 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**. If financial assistance is needed, what is the **amount, and for what**? How did you get into financial distress? -----



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Emergency Contact Information

Name: _____

Relationship to Applicant: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Financial Information:

Please Round to the nearest dollar

Income: 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 monthly household income	\$



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Expenses: Monthly

Electric	\$
Gas for heat/cooking	\$
Food	\$
Car insurance	\$
Car payment	\$
Rent	\$
Mortgage	\$
Home insurance if not included in the mortgage	\$
Clothes	\$
Cell phone	\$
Landline	\$
Internet	\$
Cable or Satellite TV	\$
Other specify	\$
Tuition not paid under GI Bill	\$
Alimony	\$
Child support	\$
Eldercare	\$
Life insurance for family members and yourself	\$
Hair cuts	\$
Uniforms	\$
Gas for car	\$
Credit cards	\$
Other specify	\$
Total household expenses	\$



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Assets/liabilities

Amount paid minus balance owed equal your equity (asset)

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

Asset	Amount paid for asset	Balance owed on asset
House	\$	\$
Car # 1	\$	\$
Car # 2	\$	\$
Boat	\$	\$
Vacation home/timeshare	\$	\$
Total household assets/liability	\$	\$

You must provide evidence of any bills overdue including rent/mortgage, utilities 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 to this.



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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 organizations 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 seek.

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

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

Print Name _____

Signature _____

Date _____