



**NJDMAVA - YELLOW RIBBON COMMITTEE
INDIVIDUAL / BUSINESS GRANT APPLICATION**



1. NAME OF VETERAN	2. BRANCH OF SERVICE	3. E-MAIL
4. SURROGATE'S NAME <small>(PERSON APPLYING ON VETERAN'S BEHALF)</small>	5. RELATIONSHIP	6. E-MAIL
7. MAILING ADDRESS		OWN (Check One) RENT
8. HOME PHONE	9. WORK PHONE	10. CELL PHONE
11. REASON FOR GRANT REQUEST (Check one, complete statement - Item 15)		
<input type="checkbox"/> Temporary subsistence pending disability claim approval <input type="checkbox"/> Eviction, mortgage arrearage, foreclosure <input type="checkbox"/> Basic subsistence (Food & Clothing) <input type="checkbox"/> Utility shutoff, heating oil <input type="checkbox"/> Emergency home repairs/Essential appliance repair or replacement <input type="checkbox"/> Vehicle (primary) repair-replacement/Transportation subsidy <input type="checkbox"/> Tuition/Education assistance <input type="checkbox"/> Business "Re-start" assistance (attach Business Plan) <input type="checkbox"/> Other (specify)		
12. DOCUMENTATION (Check all applicable and attach copies to this completed application)		
<input type="checkbox"/> Deployment orders and /or Discharge Papers (DD-214) <input type="checkbox"/> Copy of latest Form 1040 (Federal Income Tax Return) & Schedule A and C (if applicable) <input type="checkbox"/> Most recent pay stub <input type="checkbox"/> Monthly Social Security, Pension, Disability, Unemployment or Public assistance benefits <input type="checkbox"/> Repair estimate (written estimate if over \$500)/Replacement cost <input type="checkbox"/> Copy of past due notices <input type="checkbox"/> VA Claim Number <input type="checkbox"/> Other (Documents validating need and cost)		
13. LIST OTHER AGENCIES OR ORGANIZATIONS (Mil / Vet specific) APPLIED TO FOR ASSISTANCE		
<u>Agency</u>	<u>Purpose</u>	<u>Amt Requested/Amt Rec'd</u> <u>Date</u>
14. I, the undersigned, hereby authorize the New Jersey Department of Military and Veterans Affairs and the Yellow Ribbon Committee on Returning Combat Veterans and/or its representative(s) to request and/or release any information, which in their judgement, is needed to clarify or support information contained in this application (including all attachments) or to secure assistance on my behalf. I also release the NJDMAVA and its representative(s) from any liability which may arise in connection with the verification of this application or the assistance, or lack thereof, which may result. I further certify that all information contained in this application and attachments is true, correct and complete to the best of my knowledge and ability.		
Applicants Signature	Date	

15. In the space below (use additional sheets if needed) give a detailed explanation of (a) the circumstances that created your current financial need, (b) specifics as to type and amount of assistance requested and (c) actions taken or plans developed to avoid a recurrence of this problem.

Do Not Complete --- Official Use Only

Referring Agency/Unit

Contact/Unit Commander (Print)

Signature

Telephone

E-Mail

Date

Grant Approval Committee Action

Pending Action Reason _____

Grant approved in the amount of _____ Grant not approved