

## Focus Grant #1482 - Service Member and Veteran Assistance

In order to best assist our Service Members and Veterans, please complete this form.

We cannot pay rent or rent deposits, court/attorney fees/tickets, insurance, medical bills, Credit card debts, mortgages, taxes, liens, or collections, although we may be able to cover other items to help offset your budget. We will do our best to find additional resources for you to cover items we cannot pay

Please have military history documentation available with assistance request.

**Please email the form to [elks4vets@gmail.com](mailto:elks4vets@gmail.com)**

*(Please print)*

Date \_\_\_\_\_

Who referred you? \_\_\_\_\_

Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Your Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Are you in the

Military Now? Yes \_\_\_ No \_\_\_ Are you a Veteran? Yes \_\_\_ No \_\_\_

Branch (es) Of Service \_\_\_\_\_ Date of Service \_\_\_\_\_ M.O.S \_\_\_\_\_

**Are you homeless or at risk of becoming homeless? Yes \_\_\_ No \_\_\_**

**Please list all items needed and/or bills to be paid:**

*(If requesting more than one, please list Company/Organization information with account number on back)*

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**Payable to:** *(if we are paying a bill, fee, licensing etc.)*

Name of Company \_\_\_\_\_ Acct # if applicable \_\_\_\_\_

Name of Contact at listed company/organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**Please list the organizations you've received assistance from in the past 12 months.**

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You can put additional information here:

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*I understand the funds may ONLY be sent to a business – landlord – utilities – licensing, etc. Approved funds won't be given to the person requesting assistance, to their friends or relatives.*

Signed \_\_\_\_\_

Approved by: \_\_\_\_\_

Date \_\_\_\_\_

Date of Approval: \_\_\_\_\_