



**Veteran's Emergency Financial Assistance Program (VEFAP)
Applicant Checklist**

Eligibility:

Veterans Forward may provide financial assistance for a veteran who is a resident of Maine and demonstrates a financial need that includes, but is not limited to the following areas:

- a. Damage to home due to fire, flood or hurricane that is not fully compensable by insurance;
- b. Illness or the illness of an immediate family member;
- c. Hardship that would result in the veteran becoming homeless;
- d. Experiencing hardship and has filed a valid VA pension and is awaiting a decision.

Right to Appeal:

If you are denied you may request reconsideration and review by the director of Veterans Forward.

Instructions:

Complete application and assemble all documents identified below. Send fully developed application in *one single* email or via US Mail, attention to Veterans Forward:

Fedcap
Attn: Veterans Forward
220 Maine Mall Road
South Portland, Maine

E-mail:
help@maineveteransforward.org

Checklist:

- 1. Proof of Residency (Maine Driver's License, Vehicle Registration, etc.)
- 2. Copy of DD Form 214
- 3. Completed and Signed Application (Attached)
- 4. Estimate/Bill from Vendor OR Lease and Notice of Arrears from Landlord
- 5. Completed Veterans Count Financial Assistance Policy and Agreement (Attached)
- 6. Completed W-9 signed by Vendor or Landlord (Attached)
- 7. Two months of most recent bank statements
- 8. Proof of hardship, as applicable (i.e. eviction notice, proof pension has been filed, etc.)
- 9. Signed release for the (Attached)



Veteran's Emergency Financial Assistance Program (VEFAP) Application – Version 09/2022

Please send completed application and all supporting documentation via email: Help@MaineVeteransForward.org

Service Member/Veteran Information

Name		DOB		Gender	
Address		E-Mail		Phone	
Town		State		Zip	
County					
Mil Branch	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard			Component	<input type="checkbox"/> Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Active Duty
Active Duty Time Other than Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Are You	<input type="checkbox"/> Currently Serving <input type="checkbox"/> Retired <input type="checkbox"/> Completed Enlistment <input type="checkbox"/> Medical Separation <input type="checkbox"/> Other Separation/Discharge <input type="checkbox"/> Unknown				
When Separated	<input type="checkbox"/> Separated Pre 9/11 <input type="checkbox"/> Separated Post 9/11 <input type="checkbox"/> Not Applicable (Still Serving)				
Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable				
Proof of Veteran Status	<input type="checkbox"/> DD214 <input type="checkbox"/> VA ID Card <input type="checkbox"/> VA Award Letter <input type="checkbox"/> Other			Dates of Service	
Service Era	<input type="checkbox"/> Didn't serve during wartime <input type="checkbox"/> OEF/OIF/OND <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Vietnam <input type="checkbox"/> Korean War <input type="checkbox"/> Other Wartime Era				

Additional Information

Is veteran working with another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who?	
# of people in household		Household gross income	
Minor Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do minors reside with SM/V?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does SM/V have transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does SM/V have a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does SM/V need a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Underemployed
Housing	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Resides with Family Member		
Does family have insurance? (Check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Healthcare		
	<input type="checkbox"/> Private Insurance <input type="checkbox"/> TriCare <input type="checkbox"/> Other		
Is SM/V a class member under Maine Consent Decree?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Explanation of Need

Describe the financial hardship that you are experiencing?

Long-Term Plan

What steps are you taking to prevent a similar financial need in the future?

In the last week, have you had any thoughts of harming yourself? Yes No

If you answered yes, please see Page 6 for additional supports or visit your nearest emergency room.

I hereby affirm the information I have provided is true and accurate to the best of my knowledge and that I have not received financial assistance under the Veteran's Emergency Financial Assistance Program within the last 12 months.

Signature

Date

Veterans Forward			
Veterans Emergency Financial Assistance Program			
Financial Sustainability Assessment – <i>Version 04/2019</i>			
Average Monthly Income			
	Self	Spouse/Partner	Total
Net Wages			
VA Benefits			
Pension/Retirement			
Social Security			
Child Support			
Alimony			
Rental Income			
Unemployment			
TANF			
Food Stamps			
Other			
Total			
Average Monthly Household Expenses			
	Amount		Amount
Auto - Payment/Lease		Mortgage/Rent	
Auto - Fuel		Laundry	
Auto - Insurance		Personal Care	
Childcare		Pet Food/Care	
Child Support		Recreation	
Children's Activities		Savings	
Cigarettes		Student Loans	
Clothing		Tuition/School Supplies	
Credit Cards		Utility – Cable TV	
Food/Dining Out		Utility – Cell Phone	
Food/Groceries		Utility – Electricity	
Health/Dental Insurance		Utility – Gas/Oil Heat	
Home/Rental Insurance		Utility – Phone (landline)	
Life Insurance		Utility – Trash Disposal	
Medical Prescriptions		Utility – Water	
Medical Co-Pays		Utility - Wood	
Membership Fees		Other	
Subtotal		Subtotal	
Total Average Monthly Expenses			
Assets			
	Value		Value
Checking Balance		Real Estate	
Saving Balance		Automobiles (resale value)	
Cash On Hand		Stocks	
Subtotal		Subtotal	
Total Available Assets			



Veterans Forward
VEFAP Financial Assistance Program
Policy and Agreement Form

Please initial/sign/date as indicated:

___ I understand that the Veterans Emergency Financial Assistance Program is intended for emergencies and critical unmet needs.

___ I understand that bank statements and proof of income may be required in order for this request to be considered. I further agree to provide complete, accurate information as requested and understand that failure to do so may affect eligibility for assistance.

___ I agree to participate actively in a plan for self-sufficiency and understand that further assistance will be contingent upon this active participation. If a referral for financial counseling or other services is part of the plan, and I choose not to connect with the referral, I may not be eligible for further financial assistance.

___ I agree that my demographic information will be shared with the Maine Bureau of Veteran Services to meet contractual reporting requirements.

___ I certify that all information I have provided during intake is true and correct to the best of my knowledge for purposes of applying for financial assistance.

___ I grant permission to Veterans Forward to verify all information on my financial assistance application.

Print Applicant Name

Sign Applicant Name

Date