



Application for Assistance for Financial Hardship for Individual Veterans

Eligible recipients must be:

- Discharged from the military and present their DD214 as proof.
- Must be a resident of the following counties: Smith, Hopkins, Cherokee, Van Zandt, or Henderson. Proof of residency must be submitted – utility bill in applicant’s name.

The financial hardship cannot be caused by:

- Civil, legal or domestic issues, misconduct, or any issues that are a result of spousal separation or divorce.
- Financial mismanagement by self or others, or due to bankruptcy.

All grants are paid directly to the creditor and not to the applicant. The applicant must provide the most current bills due. We will render payment for eligible current bills only.

Expenses Eligible for payment:

- Household expenses – mortgage, rent, repairs, insurance.
- Vehicle expenses – payments, insurance, repairs
- Utilities.
- Food and clothing.
- Children’s clothing, diapers, formula, school or childcare expenses.
- Medical bills, prescriptions & eyeglasses – the patient’s portion for necessary or emergency medical care only.

Ineligible Expenses:

- Credit cards, military charge cards or retail store cards.
- Cable, Internet, or secondary phones.
- Cosmetic or investigational medical procedures & expenses.
- Taxes - property or otherwise.
- Furniture, electronic equipment or vehicle rentals.
- Any other expenses not determined to be a basic life need.

The eligible and ineligible expense lists are not all inclusive. Each case will be carefully reviewed for its own merits. Upon approval, payments will be made for you directly to the creditor. All applications are individually reviewed and BRAVE Texas reserves the right to make exceptions on a case-by-case basis.

The applicant must be the individual veteran.



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BRAVE Texas wants to thank you for your service. We want to take it a step further than a statement and a hand shake by giving back.

Legal Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Type of Military Discharge as listed on your DD214: _____
DD214 must be submitted with application

What type of assistance are you requesting? _____

Who is the company or person or store that will be the recipient of the check, if approved? Include their address, phone number, account number, and a copy of the bill, estimate or equivalent.

How much are you requesting (What is the minimum amount to keep you out of an emergency situation?) _____ Due by: _____

What other ways have you tried or other assistance have you sought to assist with this matter? _____

Have you received assistance from BRAVE Texas in the past? ___ yes ___no When? ____

Please explain why it is important for you to receive assistance from BRAVE Texas (for example, what will happen if this bill doesn't get paid, who all does it impact, were there unusual circumstances that lead to this situation, what is your plan to resolve this financial hardship in the future?) feel free to add more on an additional sheet of paper.

- Copy of DD214 enclosed
- Copy of bill, estimate, or equivalent enclosed
- Proof of residency (utility bill in veteran's name or contact us for other forms of proof)

It is possible that BRAVE Texas may be aware of an organization better suited to assist you with your need. If this is the case, we will contact you directly and as soon as reasonably possible so that your need can be addressed in a timely manner.

In order to encourage fairness, our grantee selection committee will receive and review your application with your identifying information removed.

- By signing below, you give BRAVE Texas permission to contact you and/or the creditor to confirm or clarify the information you have provided.
- You also acknowledge that BRAVE Texas has limited funds and not all applications will be approved, and some may be partially approved.
- No funds will be disbursed directly to the applicant, rather, they will be provided to the creditor.
- Also by signing below, you agree not to hold BRAVE Texas accountable for any problems that occur in paying your bill, including, but not limited to, misapplication of funds to an account, fees not listed on your bill, consequences related to paying bills late, repair mistakes, amounts beyond those requested (repair bill being higher than estimated), disruption of services, etc.
- You attest that you have completed this form accurately and that supporting documents are authentic. Any attempts at fraud will be reported to the proper authorities.
- You agree that when you are financially able to give back to BRAVE Texas, you will keep us in mind no matter the amount so that we can help more veterans in the future.

Signature

Date

Complete application and supporting documents can be emailed to:
bravetexas2017@gmail.com

Or mail to: BRAVE Texas
PO Box 133142
Tyler, TX 75713