

## Requirements for Grant Applications

1. Applicant must be a resident of the state of Idaho for one year and not a transient
2. The Brave Heart Grant is to ease a situation that currently exists; not to keep the situation from coming to pass in the future.
3. In your statement, explain your employment status. If not employed, why not, and the means you are taking to look for work.
4. If you are given assistance at this time, what actions are being taken to ensure that you are not in a similar situation next month and/or the months thereafter? The Brave Heart Grant should relieve you of the current crisis today and prevent you from being concerned about it tomorrow (next month).
5. The required documents **must be provided**:
  - a. Separation papers (DD-214 or similar) showing character of discharge
  - b. Where assistance with rent is requested, an eviction or past due notice must be provided. If the amount of past due rent is greater than the maximum grant (\$500), there must be a statement from the landlord that he/she will work with the veteran meeting the balance without eviction.
  - c. Past due notices with all financial obligations such as for utilities must be provided, if that is where the assistance is requested.
6. Everyone has to make management decisions pertaining to financial obligations. If a veteran has made the decision to pay for his school, or to provide aid to someone outside the household, it is not the goal of the Brave Heart Grant program to make up the difference. Frequently, tough choices have to be made; extreme measures in extreme situations.

The Brave Heart Grant program is managed by volunteers. Funds for the program are a result of donations and fundraisers. The Board members take seriously their responsibilities in being good stewards of the funds entrusted by those supporting our veterans and their families in need.

# BRAVEHEARTS GRANT APPLICATION

c/o Idaho Veterans Assistance  
League P.O. Box 7191, Boise,  
ID 83707 320 Collins Road,  
Boise, ID 83701 (208) 780-1700  
Fax: (208) 780-1709

Date: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_
2. Current Address: \_\_\_\_\_  

	Street Address	City	State	Zip
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3. Telephone Number: \_\_\_\_\_
4. Service Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_
5. Date of Entry Into Service: \_\_\_\_\_
6. Date of Discharge: \_\_\_\_\_
7. Branch of Service: \_\_\_\_\_
8. Type of Military Discharge: Honorable: \_\_\_\_\_ Other \_\_\_\_\_
9. Are you currently a bona fide resident of Idaho? \_\_\_\_\_
10. Dependents: Spouse: \_\_\_\_\_ Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

## Financial Status:

1. Current family income per month: \$ \_\_\_\_\_
2. Available cash reserves \$ \_\_\_\_\_
3. Have you been a recipient of a previous Bravehearts grant?  Yes  No  
If yes, please state amount and date: \_\_\_\_\_

I certify the above to be true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

**Applicant:**

**Circumstances Creating an Extreme Emergency to include but not**

**(Be detailed and specific):**

**limited to the following:**

- 1. What brought you to your current financial situation?
- 2. How is it impacting you and/or your family?
- 3. Will receipt of this grant satisfy your current financial situation?

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Amount of Grant Requested: \$\_\_\_\_\_ (Maximum \$500.00)

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**Certification by Service Officer**

Meets Grant Criteria, Amount Recommended for Consideration: \_\_\_\_\_

Fails to meet criteria

Comments supporting decision:

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Attach a copy of DD214 or Proof of Service

Submitted by: \_\_\_\_\_

Printed Name: \_\_\_\_\_

To be completed by Brave Hearts screener:

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

Amount granted: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Made Payable to: \_\_\_\_\_

Mailed to: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Made Payable to: \_\_\_\_\_

Mailed to: \_\_\_\_\_

Disapproved by: \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

Name of Screener: \_\_\_\_\_

## EMERGENCY GRANT REQUEST FINANCIAL STATUS

### SECTION I General Information

Name of Veteran:			Address:		
Name of Applicant if other than veteran:					
Relationship to veteran:					
Social Security No.		VA File No.	Specify Why You Are Completing This Application:		
Telephone No.					
Marital Status:  Yes  No		Age of Other Dependents:			
Veteran Current Employment:			Spouse Current Employment:		
INCOME				MONTHLY EXPENSES	
Veteran		Spouse	Other	Rent or Mortgage:	
Wages:	\$	\$	\$	Power:	
VA Comp.:				Gas (House)	
Soc. Sec.:				Food (Out of pocket, do not Include Food Stamps)	
Retirement:				Other	
Food Stamps				Other	
Charities:				Other	
Other Explain:				Monthly, outstanding depts. (See Section II)	
TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	

### SECTION II Outstanding Debts

CREDITOR	PURPOSE	MONTHLY PAYMENT	AMT. OVERDUE
TOTAL		TOTAL	TOTAL