

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

5283 Dakota Avenue
Boise, ID 83709
(208) 362-9839
braveheartsidaho08@gmail.com

Date: _____

1. Name of Applicant: _____
2. Current Address: _____
Street Address City State Zip
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

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