



***** FORM IS PRINTABLE *****

REQUIREMENTS FOR GRANT APPLICATIONS

1. Applicant must be a resident of the state of Idaho 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 (DD214) 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 (\$500.00), 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 utilities must be provided, or exactly 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/her 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.



BRAVE HEARTS GRANT APPLICATION

braveheartsidaho08@gmail.com, P. O. BOX 476,
EMMETT, ID 83617 208.867.9277
M-F 9:00 AM-5:00 PM MST

DATE: _____

1. Name of Applicant: _____
2. Current Address: _____
3. Telephone Number: _____ Email: _____
4. Social Security # _____ Service #: _____
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: _____

Financial Status:


1. Current Family Income per month: \$ _____
2. Available Cash Reserves: \$ _____
3. Have you been a recipient of a previous Brave Hearts Grant? Yes ___ No ___

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

Applicant's Signature

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	

SECTION II Outstanding Debts

CREDITOR	PURPOSE	MONTHLY PAYMENT	AMT. OVERDUE
		TOTAL	TOTAL



APPLICANT'S STATEMENT

Please state below the circumstances creating an "extreme emergency" which include but not 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 receiving this grant satisfy your current financial situation?

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: _____

****Attach copy of DD214 or Proof of Service**

Submitted by: _____

Printed Name: _____



BRAVE HEARTS SCREENER STATEMENT

Approved By: _____

Amount of Grant: \$ _____

Check #: _____ Amount: \$ _____

Made Payable to: _____

Mailed to: _____

Check#: _____ Amount: \$ _____

Made Payable to: _____

Mailed to: _____

Disapproved by: _____

Reason for Disapproval: _____

Name(s) of Screener:
