

Veteran Grant Application FY 2025

Date: _____

Name: _____ Gender: _____ Race: _____

SS#: _____ DOB: _____

Address: _____

Phone: _____ Email Address: _____

Marital Status: _____ Dependents: _____ Total Monthly Income: _____

Branch of Service: _____ Character of Discharge: _____

Entrance: _____ Discharge: _____

Reason For Request: _____

The following documents must be included before the application can be processed:

- DD-214
- Photo ID
- Copy of lease or eviction notice
- Copy of utility bill
- Proof of Income

Please return completed application to: KDVAfinancialassist@ky.gov