

Veteran Grant Application FY 2026

Date: _____ Name: _____

Gender: _____ **Race:** _____

Date of Birth: _____ **Social Security:** _____

Address: _____

Phone: _____

Email: _____

Marital Status: _____ **Dependents:** _____

Total Monthly Income:

Branch of Service: **Character of Discharge:**

Entrance Date: _____ **Discharge Date:** _____

Assistance Needed (Select Applicable)

Utilities Rent

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