

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