

Veteran Financial Assistance Request Form
Fax to 859-787-0283 or email to
eileen.ward@ky.gov Send DD 214 / Cut Off
Notice / Eviction Notice

DATE: _____

Name: _____

SS#: _____ DOB: _____ Homeless?: _____

Address: _____

Phone: _____ Marital Status: _____ Dependents: _____

Branch of Service: _____ Entrance: _____ Discharge: _____ Type: _____

Amount Needed : _____ For: _____

Reason for Request (brief description of why the veteran fell behind on bills): _____

Total Monthly Household Income: \$ _____ Sources: _____

Employment Status: _____

VA Benefits: Has Veteran ever applied for VA benefits?: _____ When: _____

Compensation% : _____ Pension: _____ VA Medical: _____

Physical and/or mental Disabilities: _____

Any Previous Felony Convictions?: _____ Charge: _____

Has veteran requested assistance from any other sources?: _____

Who?: _____ How Much Assistance?: _____

Make Check Payable To: _____

Mail Check To: _____

Phone number: _____ Contact Person: _____

APPLICATION STATUS KDVA USE ONLY

Approved: _____ Denied: _____ Amount: _____ Trust Fund Used Before? _____

GAX#: _____ VetraSpecPIN: _____ VBFR Referral _____ Region: _____