

TEAM SAVANNAH FOR VETERANS Veteran Assistance Application



Veteran Name: _____

Phone Number: _____

Home Address: _____

Branch of Service: _____ Years Served: _____

Locations Deployed to: _____

Receive Disability: _____ Percentage: _____

Monthly Income: _____

Describe Support Requested: (Please include how much is being requested) _____

Requested Start Date: _____ Requested Completion Date: _____

Do you approve of photographs, videos, or news articles developed during this project? Y / N

Do you approve of these medias to be used on our social media and websites? Y / N

*****IDENTIFICATION*****

To verify honorably discharged veteran status of the individual needing assistance, two forms of identification will be needed. Examples of these can be: DD214, Veteran ID Card, Veteran Health ID Card, Uniformed Services ID, Driver's license with Veterans designation, and DoD identification card.

*****ASSISTANCE GIVEN*****

Team Savannah for Veterans reviews all applications in accordance with our guidelines to ensure support is given to actual veterans in the immediate area. Our vetting process is developed to ensure the charitable donations made are used in the best way possible. During the approval process, board members may come up with additional questions that must be answered prior to approval. Any false information provided during the application process is grounds for termination of any assistance provided.

Guideline	Description	Who's Covered	Documentation	Maximum Grant Amount
Disaster	Disaster such as fire, flood, tornado or hurricane, pipe burst, tree damage to home, etc.	Veteran	1. Copy of fire or insurance report; if fire or insurance report is not available a letter from a landlord or estimate of repair costs should be submitted. 2. Copy of Insurance policy	\$2,000
Death	Burial or travel assistance is needed due to death in the immediate family	Veteran	1. Itemized bill from funeral home which includes the deceased name, city, and state of funeral home and amount paid by applicant or spouse/same sex domestic partner Or 1. Statement from the funeral home or newspaper clipping indicating the applicant's relationship to deceased. 2. Documentation of travel expenses incurred - airline fees, hotel bills, etc.	\$500
Prolonged Illness	Prolonged Illness is causing financial hardship.	Veteran	1. Copy of a doctor's explanation/prognosis 2. Documentation of loss work time 3. Expenses such as hotel, gas receipts, etc.	\$1,000
Vehicle Issues	Major Mechanical problems causing financial hardship or loss of work	Veteran	1. Receipts for work completed or estimate of work needed. 2. Proof of lost work time. 3. Copy of registration and pictures of damage.	\$500
Other	Assistance is provided to veterans experiencing a current financial hardship that is causing the applicant to not afford basic needs.	Veteran	1. Past Due rent/mortgage statements 2. Past due essential utilities - gas, water, and electricity. 3. Security deposit for new apartment or rental home, deposits to establish essential utilities in new residence.	\$1,500

***All requests can be submitted for review by the Team Savannah for Veterans Board. Ultimately, the board is the deciding factor for assistance given and amount of assistance.

***Team Savannah for Veterans reserves the right to set step goals for assistance recipients to meet to ensure charitable donations are used properly.