



HOME BASE VETERAN & FAMILY CARE PROGRAM

Financial Assistance Application

- The application must be complete. On a separate sheet of paper, include any other information you feel is pertinent to your situation. ***An incomplete application cannot be processed.***
- A legible copy of your DD214 must accompany the completed application
- **Your military Point-of-Contact information must be complete, including the phone number and email address. This person should be your VA case worker or mental/physical health counselor. The Point-of-Contact must understand your history and current situation, and have written consent from you to discuss your case.**
- Copies of bills for which you are requesting payment assistance. **W9 required for all rental payments.*

Name of Veteran Applicant: _____ Date of Birth ____/____/____

Address: _____
(Street Address, including Apartment Number, if applicable) (City, State, Zip Code)

Phone (with Area Code): _____ Email _____

Ethnicity- Please circle one: American Indian/Alaskan Native | Asian | Hispanic/Latino
Black/ African American | Native Hawaiian or Pacific Islander | Multi Ethnic | White

Are you employed? _____ Marital Status: Single Married Divorced Separated

If married, what is your spouse's name: _____ Is spouse employed? _____

Do you have children? _____ How many? _____

Branch of Service: US Army __USN __USAF__ USMC__ USCG__

Began active duty date ____/____/____ Ended active duty date ____/____/____

After your discharge, which of the following applies?

I am not injured.

I am service connected and currently rated @ _____%

I am currently being evaluated/re-evaluated for service connection rating

I have a permanent disability.

I have been rated unemployable

I am currently undergoing a rehabilitation or recuperation program

Have you received financial assistance from any other organizations? If so, please list the sources and amount of aid. _____



Mandatory Point of Contact Information

Home Base Mental Health Counselor Point of Contact:

Name: _____ Title: _____

Telephone: _____ Email _____

***The verification & release of all case information must be provided before application can be processed.**

FINANCIAL RECORD

MONTHLY INCOME

LES-Separation Leave of Earnings Statement	
Veterans Compensations/ Pension from VA	
Social Security Benefits	
Food Stamps/ State Aide	
Work Income	
Child Support	
Unemployment	
Earnings of Spouse	
Loans/GI Bill	
Caregivers Pay	
Additional Income	
TOTAL	

MONTHLY NEEDS

Mortgage/Rent	
Car Payment	
Car Insurance	
Utilities	
Phone	
Other	
TOTAL	



Goals & Objectives

What are you requesting help with? Please list the most critical needs in order of importance.

How will your situation be financially improved in 3-6 months assuming Salute gives you financial assistance?

If requested by SALUTE, INC. I am willing and able to provide documentation to support this

If application is submitted on behalf of the intended recipient, the representative should complete the following additional information:

Name of Representative: _____ Relationship: _____

Address of Representative: _____
(Street Address & Apt. #- City, State, Zip Code)

(Telephone Number)

(E-Mail Address)

Signature of Representative – (Must be signed not printed or typed)

Date – Required

Three ways to submit applications:

- **Fax:** 847-359-8818 (preferred way to submit)
- **Scan & Email:** gethelp@saluteinc.org * Pictures of application and documents taken from a phone or camera are not acceptable.
- **Mail to:** SALUTE, INC./ P.O. Box 2663 / Palatine, IL 60078

If you have any questions, please call the SALUTE, INC. main office at 847-359-8811