

Tolani Lake Chapter

§ Veterans Financial Assistance Form §

- _____ 1. Application
- _____ 2. Home-site Lease or Home Ownership Agreement
- _____ 3. Material Listing (Quotes)
- _____ 4. Voter Verification
- _____ 5. DD214
- _____ 6. COPY of Social Security Card
- _____ 7. COPY of Applicants Certificate of Indian Blood
- _____ 8. Acknowledgement

	YES	NO
Availability of Funds	_____	_____
Budgeted Item	_____	_____
Committee Approval	_____	_____

Requested By: _____ Date: _____
Comm Secretary/ Office Specialist

Approved By: _____ Date: _____
Chapter Manager/ Administrative Assistant

Concurred By: _____ Date: _____
Committee Commander

Tolani Lake Chapter
VETERANS APPLICATION

*All questions in the application must be answered; read instructions before completing This form; Incomplete applications may result in denial of request; read carefully before You sign and date your application.

Assistance not to exceed \$900.00

A. Application Information:

1. Name: _____ Census# _____
2. Current Address: _____
3. DD214: _____
4. Martial Status: _____ Single: _____ Widowed _____

B. Assistance Information:

1. Homesite Lease # _____ or Home Owner Certification _____
2. Type of Assistance requested:

_____ Renovation of current home	_____ Minor Repairs
_____ Weatherization	_____ Addition to existing house
_____ Stove	_____ Handicap Access Renovation
_____ Waterline/Sewer/septic Tank	_____ Electrical Materials
_____ Miscellaneous Material to complete home	
_____ Other (explain)	

3. Location of the house to be repaired, constructed, or purchased (give precise directions)
4. Is electricity available? _____ Yes _____ No
5. Sewer System: _____ City Sewer _____ Septic Tank _____ Chemical Toilet _____ other
6. Water Source: _____ City System _____ Private Well _____ Community Tank _____ other
7. Number of Bedrooms: _____ Size of House _____ by _____
8. Bathroom facilities:
Flush Toilet _____ Yes _____ No Tub _____ Yes _____ No Lavatory _____ Yes _____ No

C. General Information:

1. Have you or anyone in your household received tribal housing assistance?

_____ Yes _____ No

If yes, indicate amount received year and location where funds were utilized.

2. Do you own any other house not occupied by your family?

_____ Yes _____ No

If yes, give location

3. MAP TO LOCATION OF HOME:

D. APPLICANT'S ACKNOWLEDGEMENT

I certify that all of the answers given herein are true, complete to the best of my knowledge and are made in good faith.

Applicant's Signature: _____ Date: _____

This information is being collected to select eligible individuals to participate in the Tolani Lake Chapter Veteran Fund Program. This information will be used to determine the eligibility of the applicant; response to this request is required to obtain benefit.