



BROKEN ARROW

VETERAN ASSISTANCE APPLICATION



1. Name of Veteran: _____ 3. Branch of Service: _____ 6. Are you service connected? Yes / No	2. Social Security #: _____ 4. Date of Birth: _____ 7. VA Rating: _____ % 8. VSO: _____						
9. Applicant's Name: _____ 11. Relationship to Veteran: _____ 13. Cell/ Home Phone #: _____ 15. Mailing Address (city, state, zip): _____ 16. Email Address: _____ 17. Have you experienced financial hardship? _____ 18. How many people live in your household? _____ 20. Monthly Household Income: _____	10. Applicant's Date of Birth: _____ 12. Do you resident in Hidalgo County? Yes____, No____ 14. Have you received an eviction notice? Yes____, No____ 19. Children under age 18? _____ 21. Are you receiving Dependent Indemnity Compensation? (DIC) Spouses only. Yes____, No____						
23. Assistance you are applying for: <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> ADULT CARE</td> <td style="width:33%;"><input type="checkbox"/> RENT/ MORTGAGE</td> <td style="width:33%;"><input type="checkbox"/> VEHILCE REPAIRS</td> </tr> <tr> <td><input type="checkbox"/> UTILITY ASSISTANCE</td> <td><input type="checkbox"/> FUNERAL EXPENSES</td> <td><input type="checkbox"/> CHILD CARE</td> </tr> </table>		<input type="checkbox"/> ADULT CARE	<input type="checkbox"/> RENT/ MORTGAGE	<input type="checkbox"/> VEHILCE REPAIRS	<input type="checkbox"/> UTILITY ASSISTANCE	<input type="checkbox"/> FUNERAL EXPENSES	<input type="checkbox"/> CHILD CARE
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Veteran / Surviving spouse

The following form known as a W-9 is needed from your Vendor, Rental/Landlord or Mortgage Company.

On the W-9 it should have the company's information not your information
W-9 Should must be acquired in 30 days if not your application will expire

1. As a participant, I authorize Hidalgo County Veteran Services to request, obtain, and/or view all information concerning assistance requested. Information includes but is not limited to charges owed, status of services rendered, and confirmation of completion of services assisted.

2. My answers to all the previous questions, the statements I have made and the information I have provided are true and correct to the best of my knowledge and belief.

3. I am aware that the funds will be paid directly to the vendor and no funds will be given to the applicant

4. I am aware that this programs takes **30 to 45 days** to send payment to vendors and hereby will continue to make payments to the best of my ability unless I am told otherwise.

5. I am aware that this program **DOES NOT COVER ROUTINE MAINTENANCE** such as worn out tires, oil changes, brake pads, etc. Services will not be reimbursed if already paid for.

6. I give permission to forward information on my application to other community agencies for additional services to aid my household. I understand all information will be safeguarded by all parties involved in the collection of data and hereby release, hold harmless, and indemnify all parties from any liability, claim, demand, cause of actions, damages or expenses resulting from and release of information by all agents.

7. I am aware that I am subject to prosecution for providing false or fraudulent information or for omitting information that may affect my eligibility for benefits. Whoever obtains or attempts to obtain services for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and, upon conviction, may be fined and or imprisoned.

Signature of Applicant

Signature of Witness (If signed with an "x")

Reviewer

Date

Date

Date

Broken Arrow

Application Checklist

Assistance is available for Hidalgo County Resident only

1. Veterans Please provide **ONE** of the following to verify US Military service With **VA AWARD Letter**

- DD 214
- NGA-22 National Guard Separation & Record of Service
- NA Form 13038, Certificate of Military Service
- E-benefits summary with Character of Service
- Honorable Discharge Certificate

2. **Surviving Spouses** must provide the following forms.

- Marriage Certificate
- Death Certificate
- Discharge Paperwork

3. Provide the following if for: (Bills must be under veteran names or spouses name)

Rent/Mortgage (Veterans) not to exceed \$1000.00

_____ Rental Agreement or Mortgage statement.

_____ Provide eviction notice if you have one.

Vehicle Repairs (Veterans) Non routine not to exceed \$500.00

_____ Quote from vehicle shop reflecting the work needed

_____ Registration of vehicle (Registration must be under veterans or spouses name)

_____ Proof of Vehicle insurance (Vehicle Must be under veterans name or Spouse)

Funeral Expenses (Veteran / Surviving Spouse) not to exceed \$1000.00

_____ Itemized bill not fully paid

_____ Death Certificate / Statement of Death

Utility Assistance (Surviving spouse) not to exceed \$500.00

_____ Late Current Bill

_____ Disconnection Notice if you have one.

Adult Care (Veteran) not to exceed \$1000.00

_____ Bill or quote for services

Submit application to one of the following

Email: Brokenarrow@co.hidalgo.tx.us

Fax: (956)-318-2439

Drop off 10213 N 10th St Suite B McAllen TX 78504

Phone 956-292-7076