



# BROKEN ARROW

## VETERAN ASSISTANCE APPLICATION



1. Applicants Name: _____	2. Relationship to Veteran: _____	3. VA Rating: _____ %
4. Veteran's Name: _____	5. Date of Birth: _____	6. Social Security #: _____
7. Branch of Service: _____	8. VSO: _____	
9. Where are you employed? _____	10. Job title: _____	
11. Does veteran/surviving spouse reside in Hidalgo County? Yes No	12. Has the veteran received an eviction notice? Yes No	
13. Cell/ Home Phone #: _____	14. Email Address: _____	
15. Mailing Address: _____	City: _____ State: _____ Zip: _____	
16. Have you experienced financial hardship? _____		
17. How many people live in your household? _____	18. Children under age 18? _____	
19. Monthly Household Income: _____	20. Are you receiving Dependent Indemnity Compensation? (DIC) Spouses only. Yes No	
21. Assistance you are applying for:		
<input type="checkbox"/> ADULT CARE	<input type="checkbox"/> RENT/ MORTGAGE	<input type="checkbox"/> VEHICLE REPAIRS
<input type="checkbox"/> UTILITY ASSISTANCE	<input type="checkbox"/> FUNERAL EXPENSES	<input type="checkbox"/> CHILD CARE

### Veteran / Surviving spouse

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

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

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

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## 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)

\_\_\_\_\_ Rental Agreement or Mortgage statement.

\_\_\_\_\_ Provide eviction notice if you have one.

### Emergency Vehicle Repairs (Veterans) **Non routine** not to exceed 25% of total vehicle value

\_\_\_\_\_ 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)

\_\_\_\_\_ Itemized bill not fully paid

\_\_\_\_\_ Death Certificate / Statement of Death

### Utility Assistance (**Veteran/Surviving Spouse**) not to exceed \$500.00

\_\_\_\_\_ Late Current Bill

\_\_\_\_\_ Disconnection Notice if you have one.

### Adult Care/Child Care (Veteran/ Surviving Spouse)

\_\_\_\_\_ Bill or quote for services

Submit application to one of the following

Email: [Brokenarrow@co.hidalgo.tx.us](mailto:Brokenarrow@co.hidalgo.tx.us)

Fax: (956)-318-2439

Drop off: 10213 N 10<sup>th</sup> St Suite B McAllen TX 78504

Phone 956-292-7076