



BROKEN ARROW

VETERAN ASSISTANCE APPLICATION
2022-2023



Applicants Name: _____ Relationship to veteran: _____

Veteran Information

Name: _____ DOB: _____ Social Security #: _____

Branch of Service: _____ VSO: _____ VA rating: _____ %

Are you employed? YES / NO Job title: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

How many people in your household: _____ Children under 18? _____ Monthly income: _____ Are you receiving Dependent Indemnity Compensation? Yes / No

Select one per application: Adult Care Child Care Funeral Expenses
 Rent/Mortgage Utilities Vehicle Repairs

Are you experiencing financial hardship? Please explain _____

Veteran / Surviving spouse

The following form known as a W-9 is needed from your Vendor.
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

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. I am aware that the funds will be paid directly to the vendor and no funds will be given to the applicant.
3. If/when approved, it may take up to 30 to 45 days to send payment to vendors.
4. 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.
5. 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.
6. **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 Veteran

Signature of Applicant

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** along with a copy of your **driver's license**.

- 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 veterans name or spouses name)**

Adult Care/Child Care (Veteran)

_____ Invoice from drop in facility

Emergency Vehicle Repairs (Veterans)

_____ Detailed Invoice from vehicle shop reflecting the work needed

_____ Registration of vehicle (Registration must be under veterans)

_____ Proof of Vehicle insurance (Vehicle Must be under veterans)

Funeral Expenses (Veteran)

_____ Itemized bill not fully paid

_____ Death Certificate / Statement of Death

Rent/Mortgage (Veteran)

_____ Up to date rental lease/ full Mortgage statement

Utility Assistance (Veteran/Surviving Spouse)

_____ Current Bill

_____ Disconnection Notice if you have one

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