



# WNYHeroes, Inc.

Supporting Western New York Veterans

**WNYHeroes, Inc**  
**2809 Wehrle Dr. Suite #8**  
**Williamsville, New York 14221**  
**716-630-5020**

### **Grant Request**

I hereby certify that I am a veteran and that the following information I am presenting is true to the best of my knowledge. Any approved grant may be paid out at the sole discretion of the Grant Committee. The amount will not be paid directly to the applicant, however it will be paid to the facility/business, landlord etc,

I also agree to release any and all information to be obtained by WNYHeroes as necessary to verify the need for grant. I understand that this is not an entitlement program, however, a program that offers assistance to those who served where we see fit.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print

### **Part A:**

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone number: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_

- Please attach a form of identification establishing your identity and domicile and proof that you are an Honorably Discharge (or it's equivalent) veteran of the United States Military or current member of the United States Military who has served in a combat zone (CZ) or non-combat zone (NCZ).
- All grant requests are subject to investigation and home visit as proof of need of grant.
- All grants are awarded on a case-by-case basis.

Please list any and all dependents of applicant (e.g., Spouse (age), Children (age/s) and if applicable, other- describe):

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Current employment and salary of any and all family member (if any) to be included:

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Please describe any and all medical problems:

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Who referred you to WNYHeroes for help? (i.e., VA Hospital, American Legion, AMVETS, VVA, Please list name or names of those within the Organization )

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Combat Veteran? Y \_\_\_ N \_\_\_ Purple Heart Recipient? Y \_\_\_ N \_\_\_

\*Wounded? Y \_\_\_ N \_\_\_

**\* Must be able to provide documentation of being wounded in combat!**

**Part B:**

Please list **ALL sources of family income** including, but not limited to, any salary, investment income, social security, support from other organizations, etc,

<u>Source of Income</u>	<u>Amount</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Total Income: \$ \_\_\_\_\_

Please list ALL family MAJOR living expenses (i.e., rent, mortgage payments, utilities, medical expenses, insurance, food, transportation and other living expenses). For each expense please indicate if the expense is a recurring expense or a one-time expense. Please explain any unusual or exceptionally large expense:

<u>Description:</u>	<u>Cost</u>
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Total Expenses: \$ \_\_\_\_\_

\* Are you a Veteran collecting VA benefits? Yes \_\_\_ No \_\_\_

If yes, please provide a copy of your award letter showing amount and percentage

**Part C:**

Amount of grant requested: \$ \_\_\_\_\_

Please describe below the reason for the grant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

. I hereby authorize WNYHeroes to look into any and all information as needed. I also understand that if anything is said to be false, that it can result in termination of my request.

. I will cooperate in any manner to speed up my request as WNYHeroes sees fit.

. I understand by not fully filling out or leaving blanks in the application that this can and will delay the process to the grant.

. I do understand that a representative may visit my home and follow up with phone calls.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Grant Request Check List

- DD-214
- Copy of utility bill/s to show proof of current residence
- Brief summary of how your situation occurred and why
- Copy of driver's license/photo ID
- Copy of award letter of Veterans Disability
- Copy of SSD letter if applicable
- Copies of ALL bills, to include credit cards or outstanding debt of any kind
- If renting, letter from landlord stating how far behind
- If you own, did I attach a copy of my mortgage payment?
- Did I fill in the entire grant, not leaving any blanks?
- Did I serve 180 days on Active Duty, not including training?