



1623 Military Road, PMB #874
Niagara Falls, NY 14304-1745
888-400-3892

Grant a Wish

I hereby certify:

Any approved grant may be paid, at the sole discretion of the Financial Outreach Committee, either directly to the applicant or to a medical facility or other business from which the applicant incurred, but has not yet paid, a living expense.

I also agree to release information to allow the Financial Outreach Committee of WNYHeroes, Inc. to obtain additional information necessary to verify financial need and/or medical condition.

Signature of Applicant

Date: _____

Print Name

PART A.

Name of Applicant: _____

Current address: _____

Telephone number: (____) _____

Permanent address (if different): _____

Telephone number: (____) _____

Age: _____

*Please attach a form of identification establishing your identity and domicile and proof that you are an Honorably Discharged (or it's equivalent) veteran of the United States Military or, a current member of the United States Military who has served in a CZ or QHDA.

Please list any dependents of Applicant (e.g., dependent children and their ages, spouse, if applicable, other - describe): _____

Current employment and salary of all family members, if any: _____

Please describe any medical problems: _____

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.:

SOURCE OF INCOME	AMOUNT
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

TOTAL INCOME: \$ _____

Please list the family's major living expenses, and an estimate of costs, including housing expenses (i.e., rent or mortgage payments, utilities, etc.) medical expenses, insurance, food, transportation and other necessary 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 expenses on an attached sheet of paper.

DESCRIPTION OF EXPENSE	COST
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

TOTAL EXPENSES: \$ _____

PART C.

Amount of grant requested: \$ _____

Please describe below the reason for the grant: _____

