

# Elks Emergency Assistance Fund Application

The Elks Emergency Assistance Fund offers financial assistance for veterans who are homeless or at risk of being homeless. It is a one-time grant of funds aimed at ensuring veterans have a safe and stable place to call home. Applications must be completed by employees of the Department of Veterans Affairs, and must only be submitted when all VA options for assistance have been exhausted.

- All bills must be at least 30 days past due to qualify.
- Financial assistance is provided directly to the creditor.
- Emergency financial assistance grants are provided on a one time only basis.
- The Elks can only support one emergency financial request per household.

**Who we serve:** Any veteran receiving assistance through the VA who needs financial assistance establishing and securing a home, or financial assistance to prevent homelessness.

## What we support:

- Rent
- Mortgage
- Electric
- Water
- Natural gas
- Heating petroleum
- Utilities
- Auto loan
- Auto insurance

## Application Process:

1. Review eligibility criteria to ensure the veteran qualifies.
2. Complete and sign the application (no electronic signatures) and fax to **(773) 755-4736** or scan and email to: *Vets@elks.org*.
3. Include a copy of a bill or invoice that is at least 30 days in arrears (past due)
4. For late rent: send copy of rental lease

Date:

Referring Facility:

Person Making Referral:

Title

Address

City, State, Zip

Phone Number

Email

Client Information

Name:

Address:

City, State, Zip:

Phone:

Email:

Branch of Service

\_\_\_Army \_\_\_Navy \_\_\_Marines \_\_\_Air Force \_\_\_Coast Guard

Years of Service \_\_\_\_\_

Household Estimated Monthly Income:

Household Estimated Monthly Expenses:

Reason for Financial Assistance:

Which expense do you need assistance with?

Rent

Mortgage

Electric

Water

Natural gas

Heating

Utilities

Auto loan

Auto insurance

Other \_\_\_\_\_

Please write one expense type from the above list in the space provided below.

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

How do you plan on resolving your financial hardship situation?

### **Consent and Privacy Policy**

I, the undersigned, consent and authorize the Elks National Veterans Service Commission to verify and share any information about me in its possession, for the purpose of securing, coordinating, and providing financial assistance that may be available to me and my family. I hereby release the Elks National Veterans Service Commission as the requestor and user of such information from any and all liability or responsibility of whatsoever kind and nature that may arise from the release of this information. The Elks National Veterans Service Commission may contact my creditors in conjunction with providing financial assistance in order to verify payments due and to make arrangement for bill payments directly to the creditor. The Elks National Veterans Service Commission acknowledges a commitment to respect and protect your privacy and agrees to use the information solely for providing assistance.

I further certify that the information contained in this application is true, correct and complete and is submitted for the purpose of inducing the Elks National Veterans Service Commission to provide financial assistance to the appropriate service provider.

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

Printed Name: \_\_\_\_\_

I certify that the above-signed person is a veteran registered with and receiving services from the Department of Veterans Affairs.

Person Making Referral Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_