



APPLICATION FOR ASSISTANCE  
**PLEASE PRINT or TYPE CLEARLY**

**NOTE:** Reserve Aid only supports Reservists and National Guard members who were activated for service to Iraq/Afghanistan. You must have returned from that deployment within the past two years. If you do not meet this qualification, please do not submit an application.

If you have questions, please contact:

Polly Weidenkopf  
Executive Director  
Email: [pollyw@reserveaid.org](mailto:pollyw@reserveaid.org)  
Phone: 972-934-4731

Reserve Aid, Inc.  
2515 McKinney Ave, 11<sup>th</sup> Fl  
Dallas, TX 75201  
Fax: 972-767-0331

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Rank: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Pay Grade: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Unit Location: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Email address (print very clearly): \_\_\_\_\_

Only use an email address that you check frequently

**FAMILY INFORMATION**

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ Rank: \_\_\_\_\_  
\_\_\_\_\_ If in the military  
Home Telephone: \_\_\_\_\_ Pay Grade: \_\_\_\_\_  
Minor Children and ages \_\_\_\_\_

**CURRENT STATUS**

- 1) Are you separated from the military? \_\_\_ Yes \_\_\_ No  
If yes, please attach a copy of your DD214  
If no, attach a copy of your deployment orders
- 2) Are you currently employed? \_\_\_ Yes \_\_\_ No
- 3) Are you currently being seen by an OEF/OIF VA counselor? \_\_\_ Yes \_\_\_ No
- 4) Have you submitted your request for VA Disability Compensation? \_\_\_ Yes \_\_\_ No  
If yes, date it was submitted: \_\_\_\_\_.

**FINANCIAL STATUS**

- 1) Are you meeting your financial obligations? \_\_\_ Yes \_\_\_ No
- 2) **SOURCE OF MONTHLY INCOME:** actual monthly military, VA and/or civilian pay for your ENTIRE household
- 3) If you are single, do you share your residence with someone else? \_\_\_ Yes \_\_\_ NO
- 4) If you answered question #3 Yes, is this person employed? \_\_\_ Yes \_\_\_ NO
- 5) If yes, monthly income.\$ \_\_\_\_\_

Name: \_\_\_\_\_ Page: 2

**APPLICANT'S INCOME**  
**SOURCE**

	<b>MONTHLY AMOUNT</b>

**IF YOU ARE MARRIED, SPOUSE'S INCOME**

<b>SOURCE</b>	<b>MONTHLY AMOUNT</b>

**4) Monthly Expenses:**

<b>ITEM</b>	<b>AMOUNT</b>

**4) Past Due Bills:**

	<b>AMOUNT</b>

**5) What steps have you taken to pay your unpaid bills?**


**ADDITIONAL COMMENTS:**


I certify that the information provided above is true and correct to the best of my knowledge.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please submit via mail or fax to: **Your MUST print or Type CLEARLY. Unreadable applications will be denied.***

**NOTE: Copies of all bills for which you are requesting payment MUST be attached to this application and MUST include account number and payment address. Reserve Aid does not pay credit card bills or Cable TV.**

**DD-214 or deployment orders and most recent bank statement with account number blacked out must be attached**