



APPLICATION FOR ASSISTANCE
PLEASE PRINT or TYPE CLEARLY

If you have questions, please contact:
Polly Weidenkopf
Executive Director
Email: pollyw@reserveaid.org
Phone: 972-934-4731

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.\$ _____

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**APPLICANT'S INCOME
SOURCE**

MONTHLY AMOUNT

APPLICANT'S INCOME SOURCE	MONTHLY AMOUNT

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

MONTHLY AMOUNT

IF YOU ARE MARRIED, SPOUSE'S INCOME SOURCE	MONTHLY AMOUNT

**4) Monthly Expenses:
ITEM**

AMOUNT

4) Monthly Expenses: ITEM	AMOUNT

4) Past Due Bills:

AMOUNT

4) Past Due Bills:	AMOUNT

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.

Reserve Aid, Inc
2515 McKinney Ave, 11th Floor
Dallas, Tx 75201
Phone: 972-934-4731
FAX 972-767-0331

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