

Individual Grant Application for Veterans' Temporary Assistance (VTA)

Eligibility Criteria

- Applicant must have served in the Armed Forces of the United States, including the reserve components and the National Guard, or woman's organization officially connected therewith, who was discharged Under Honorable Conditions from Active Military Service (other than active duty for training); OR was Killed In Action; OR suffered a service-connected disability.
- Applicant must demonstrate an immediate need for financial assistance in order to provide himself/herself and his/her family with the necessities of living.
- Applicant must be a current resident of Pennsylvania.
- Upon the death of a veteran, his or her unmarried surviving spouse is eligible provided the Veteran would have qualified for assistance prior to her/his death.

Documentation

Please include all required documentation and appropriate supporting documentation that supports your claim.
Failure to do so will result in delayed processing of the application.

Required Documents

DD-214 showing "Honorable" or "Under Honorable Conditions"

OR

DD-256 for Reservists, "Honorable" or "Under Honorable Conditions"

OR

NGB-22 for National Guard, "Honorable" or "Under Honorable Conditions," must be for full first contractual period of enlistment (six years)

OR

DD-1300 Report of Casualty

AND

Proof of PA residency; e.g. PA Driver's License; State issued ID card; or three utility bills in the claimant's name at a PA residence

Copies of statements for all income from all sources, earnings statements, pay stubs, etc.

Most current and complete bank statements for all checking and savings accounts, partial statements or summaries will not be accepted.

Supporting Documents

(if applicable)

Line of Duty Statement (LOD) for National Guard and reserve members

Notice of Event (NOE) for Coast Guard Reservists

Copy of marriage license, if applicable

Proof of VA Service Connected rating, if applicable

Copy of death certificate for widow/widower

Copy of funeral bill for spouse or qualified dependent

Copy of estimate or invoice for essential repairs, if applicable

Letter from former employer stating the duration and reason for termination or lay off

A copy of the Labor Relations "Notice of Financial Determination" for Unemployment Compensation

Pictures to show damage from catastrophic events

Statement from doctor if there is a temporary inability to work for health reasons

Other supporting documents

THE APPLICANT IS REQUESTED TO DISCLOSE HIS OR HER SOCIAL SECURITY NUMBER TO ASSIST IN PROCESSING THE APPLICATION AND OBTAINING RECORDS NECESSARY TO VERIFY THE INFORMATION PROVIDED. DISCLOSURE OF THE SOCIAL SECURITY NUMBER IS VOLUNTARY. HOWEVER, FAILURE TO DISCLOSE MAY RESULT IN DELAYS OR DIFFICULTIES IN PROCESSING THE APPLICATION.

Name

FOR USE BY AN ACCREDITED VETERAN SERVICES ORGANIZATION
REPRESENTATIVE ONLY

SECTION I - **CERTIFICATION**

- Factors considered when determining whether a grant will be awarded include:
 - To what extent are other assets, funds, and resources available? (All sources of income should be included in the application.)
 - Total household income for all adults in the home regardless of their relationship to the claimant should be included for evaluation.
- Are the applicant's expenses for necessities of living reasonable and in minimal amounts?
- Is the need for assistance caused by circumstances beyond the control of the applicant or is it related to chronic or repeated financial circumstances?
- Is the need caused by or related in any way to misconduct, gambling losses, credit card bills that have accumulated over time, or other similar circumstances?
- How many people are dependent upon the applicant for the necessities of living, including children, spouse, domestic partner, or any others?
- What is the recommendation of the accredited veteran service organization representative? Is the assistance essential to provide the necessities of living without undue hardship?
- Will the assistance be used to relieve an inconvenience or to purchase a want or desire beyond the necessities of living?
- Is there a reasonable expectation that the applicant will be able to responsibly manage the assistance and will use it towards the necessities of living for the applicant and the dependents?

Please attach a summary assessment of the applicant's situation addressing the needs and resources of the applicant in Section VII.

THIS APPLICATION MUST BE COMPLETED BY AN ACCREDITED VETERAN SERVICE ORGANIZATION REPRESENTATIVE ONLY

Name of Submitting Official: _____

Name of Organization: _____

Phone: _____ E-Mail: _____

Name of Applicant: _____

Signature of the Submitting Official _____ Date: _____

SECTION II - VETERAN'S PERSONAL INFORMATION Date: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ DOB (MM/DD/YYYY): _____

Date of Death (MM/DD/YYYY): _____
(if applicable)

Mailing Address: _____

City: _____ Zip (+4): _____ State: **PA** County: _____

Phone Number: _____ E-Mail Address: _____

Legal Resident of Pennsylvania: YES NO

Marital Status: Single Married Divorced Separated Widow(er)

SECTION III - DEPENDENT'S PERSONAL INFORMATION

(Spouse/Domestic Partner)

Last Name: _____ First Name: _____ MI: _____
(Maiden name, if applicable)

Social Security Number: _____ DOB (MM/DD/YYYY): _____

Spouse Mailing Address: _____
(If different from Veteran)

City: _____ Zip (+4): _____ State: **PA** County: _____

Phone Number: _____ E-Mail Address: _____

Legal Resident of Pennsylvania: YES NO

Other Dependents (children, etc.) <small>(*Please attach copies of birth certificates/identification)</small>	Date of Birth	Living with Applicant <small>(if applicable)</small>	
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO

(Continue on the back, if necessary)

SECTION IV - VETERAN'S MILITARY INFORMATION

(*Ensure verifying documentation is attached.)

Branch of Service: _____ Active Reserve Guard

Date of Entry: _____ Date of Discharge: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Discharged Under Honorable Conditions? YES NO

Do you have a physical disability? YES NO

If YES, is it a service-connected disability? YES NO

If YES, what is your US Department of Veterans Affairs Disability Rating? _____ %

SECTION V - EMPLOYMENT STATUS

If not presently employed, this section must still be completed for the Veteran and spouse/domestic partner's last employer.

(*Ensure verifying documentation is attached.)

Veteran's Employment History:

Currently Employed? YES NO If NO, why? _____

Employer (Company) Name: _____

Employer Address: _____
(Street) (City) (State) (Zip)

Employer Phone Number: _____

Start Date with Employer: _____ Date of Last Pay: _____

Spouse/Domestic Partner's Employment History:

Currently Employed? YES NO If NO, why? _____

Employer (Company) Name: _____

Employer Address: _____
(Street) (City) (State) (Zip)

Employer Phone Number: _____

Start Date with Employer: _____ Date of Last Pay: _____

Name: _____

SECTION VI - FINANCIAL STATUS

(*Ensure verifying documentation is attached)

- Monthly Income (include one month of pay stubs)
- List amounts for all current household income (if none, specify \$0)

INCOME		EXPENSES		
Sources	Monthly	Account	Monthly	Total Past Due
Veteran Employment Income		Rent/Mortgage		
Spouse Employment Income		Property Taxes		
Veterans Administration	EXEMPT	Home Owners / Renters Insurance		
Veteran Social Security		Electricity		
Spouse Social Security		Heating Oil		
Unemployment Compensation		Natural Gas		
Retirement / Pension		Water		
Workers Compensation		Sewer		
Annual / Sick Leave		Garbage		
Insurance (sick benefits)		Septic		
Union benefits		TV		
Life Insurance		Internet		
Rental Income		Home Phone		
Interest or Dividends		Cell Phone		
TANF-Temp Asst for Needs Families		TRANSPORTATION		
SNAP-Supl Nutrition Asst Program		Vehicle Payment		
Child Support		Gasoline		
OTHER MISCELLANEOUS INCOME		Car Insurance		
Any other Employment Income		Public Transportation		
Self-Employment		OTHER MISCELLANEOUS EXPENSES		
All other income		Food		
		Clothing & Laundry		
INCOME TOTAL:		Personal Care		
Income - Expenses =		Child Care		
BANKING		Child Support		
Savings Account Balance		Health / Medical care		
Checking Account Balance		Unexpected Expense or Income Loss that caused the need for VTA (explain below)		
		TOTALS:		

AUG 16, 2024

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Name:

SECTION VII - GRANT REQUEST

Amount requested: \$ _____

(*Please attach another sheet of paper if necessary.)

Justification for amount requested/circumstances leading to request for temporary assistance:

Have you requested any other grants/money from other agencies or organizations? YES NO

If YES, please describe the type of assistance you applied for, how much you were granted and approximately when you received the assistance:

Have you previously requested grants/money from VTA? YES NO

If YES, please describe the type of assistance you applied for, how much you were granted and approximately when you received the assistance:

Name:

SECTION VIII - CERTIFICATION

AUTHORIZATION FOR RELEASE OF INFORMATION: I hereby authorize the attending physician or hospital to release information concerning my employability, and the Department of Public Welfare, County Board of Assistance, U.S. Department of Veterans' Affairs, Employer, Bureau of Employment Security, Workers' Compensation Bureau, Social Security Administration, insurance company, or union to release all information pertaining to benefits I may be entitled to or receiving to the Pennsylvania Department of Military and Veterans' Affairs, Office of Veterans' Affairs. It is understood that the information provided will be considered confidential and used only for determining eligibility for this grant.

BY SIGNING THIS APPLICATION BELOW, I certify that statements in this application are true and correct to the best of my knowledge, information, and belief. I understand that making false statements on this application may result in penalties under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the denial of this application.

Signature of Applicant: _____ Date: _____

Please fax completed application and all documentation to 717-861-9084, or mail to:

Department of Military and Veterans Affairs
Office of Veterans Affairs
Attn: Veterans Temporary Assistance
Bldg 9-26, Fort Indiantown Gap
Annville, PA 17003-5002

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Name: