# El Paso County Veterans Assistance Project for Heroes
# Application

## 1. Applicant Information

**Date**: _____ **Referred By**_____ **Precinct**_____

**Client**: _____
Last Name First Name MI

**Address**: _____ **Apt/Ste**: _____

**City**: _____ **State**: _____ **Zip**: _____ Phone: _____

**Email**: _____ **DOB**: ____/____/_____ **SSN**: _____
MM DD YYYY

**Client Relationship**: [ ] Veteran [ ] Spouse [ ] Surviving Spouse [ ] Child [ ] Parent

**Gender**: [ ] Male [ ] Female **Documents:** [ ] DD214 [ ] VA Card [ ] Picture ID [ ] DOD Dependent(s)

## 2. Veteran Status

**Veteran's Name**: _____
Last Name First MI

**Veteran Status:** [ ] Retired [ ] Medical Retired [ ] Honorable [ ] General Under Honorable

**Branch**: [ ] Army [ ] Navy [ ] Marines [ ] Air Force [ ] Coast Guard [ ] Army Reserves

[ ] Army National Guard [ ] Air National Guard [ ] Others: _____

## 3. Questionnaire

**Household Number:** [ ] Veteran [ ] Spouse Children _____ Other _____

**Household Income**: Monthly: $_____ Yearly: $_____

* DISCLAIMER: I AM AWARE THAT IF THE INFORMATION PROVIDE IN THIS APPLICATION IS FOUND TO BE FALSE, I WILL BE SUBJECT TO CRIMINAL, CIVIL AND ADMINISTRATIVE PENALTIES AND SANCTIONS. BY SIGNING BELOW THE APPLICANT UNDERSTANDS THAT THIS APPLICATION IS NOT A GUARANTEE OF PAYMENT OR ASSISTANCE. THIS OFFICE IS AUTHORIZED TO OBTAIN INFORMATION NECESSARY TO DETERMINE ELIGIBILITY.

_____
Signature of Applicant Date Signature of Spouse Date

This program is supported by a grant from the Texas Veterans Commission *Fund for Veterans' Assistance*. The *Fund for Veterans' Assistance* provides grants to organizations serving veterans and their families. For more information, visit TVC.Texas.gov.