Veteran Emergency Assistance Grant Application

Emergency Assistance Program: This program provides **one-time emergency financial assistance** to eligible veterans experiencing unexpected hardship. Grants are capped at **$500 maximum per veteran** and are intended to stabilize urgent situations such as housing, utilities, food, transportation, or medical needs.

Applicant Information

Full Name: _____
Preferred Name (optional): _____
Phone Number: _____
Email (optional): _____
City & State: _____
Branch of Service: _____
Years of Service: _____
Discharge Status: _____

Assistance Request

Type of Assistance Needed: ■ Housing ■ Utilities ■ Food ■ Transportation ■ Medical ■ Emergency ■ Other _____

Briefly explain your situation (what happened and why assistance is needed now):

Amount Requested (maximum $500): $_____

Certification

I certify that the information provided is true and accurate to the best of my knowledge. I understand this is a one-time emergency grant and funds must be used for the stated purpose.

Veteran Signature: _____ Date: _____

New Mexico Veterans and Families Foundation
PROGRAM ELIGIBILITY

● The veteran must be a veteran with an "honorable“' discharge not related to misconduct or a violation of the uniform Code of Military Justice (UCMJ).

● Current member of the U.S. Armed Forces or its Reserve or National Guard component and must have completed at least 180 days of Active duty service.

● Immediate Family member of Veteran (as described above) is defined as household dependent of veteran which may include Spouse of veteran, child of veteran under 13 years of age or other dependent person of Veteran as defined by the Foundation.

● The Veteran/applicant must be a legal resident of the State of New Mexico

● The grant will NOT be considered if the applicant:

- Currently incarcerated
- Under indictment for a criminal offense
- Party to a civil action including Divorce
- Registered as a sex offender
- Voluntarily quit job
- Went on vacation / Bereavement
- Loaned money to others before paying bills
- Financial mismanagement by self or others, or
- Due to Bankruptcy
- Currently in “eviction notice” status

Expenses Eligible For Possible Consideration Of Grant:
HOUSEHOLD - mortgage, rent, insurance, phone and utilities
VEHICLE - payments, insurance, child care - day care (emergency cases only)
MEDICAL - medications, emergency room, etc.

Expenses Ineligible for consideration for payment:
• Credit cards, Military charge cards, or retail store credit cards.
• Personal, student, payday loans or title loans.
• Cable, Internet and secondary phone.
• Cosmetic or investigational medical procedures and expenses.
• Taxes –property or otherwise.
• College Expenses.
• Furniture rentals.
• Any other expense not determined to be a basic life need.

The eligible and ineligible expense lists are not all inclusive and each expense will be considered on a case-by-case basis. Payment will be made at the discretion of the approval committee and their vote is final. There is no appeal process. Payments are made directly to creditors.

** ALL false claims will prosecuted by Federal False Claims Act 31 USC 3729-3733

TERMS AND CONDITIONS MUST BE AGREED TO IF GRANT ASSISTANCE IS TO BE CONSIDERED

(initial then sign)

_____ The Foundation will pay direct to the company(s) owed. The Foundation may give out gift cards for gas and food.

_____ The Veteran Assistance Program is a onetime grant only. The Foundation will work with other agencies and see if they can better assist you – only your name and phone number / email address will be given to them, for them to contact you.

_____ I understand that proper stewardship requires I provide information to substantiate my request, including government records, expense/income information and medical information. I understand if the request cannot be substantiated, it will not be possible to consider the request.

_____ I understand any bill that cannot be independently verified will not be paid. I should submit any and all updated statements as I receive them while my application is being processed.

_____ I understand the primary purpose of the Program is to meet the immediate and urgent needs of the New Mexico Military/Veteran and their family members, and that the Foundation is not a wage replacement due to unemployment, nor pension or entitlement program based on veteran staus.

_____ I agree to obey all the policies of the grant program and comply with any reasonable direction with the respect to question or concerns that may arise.

_____ I agree to hold the New Mexico Veterans and Families Foundation their, officers, employee, agents, sponsors and subordinate units harmless as a result of this request and their handling of it and waive all rights to seek damages from New Mexico Veterans and Families Foundation staff or volunteers for any loss or perceived loss that may occur.

_____ Submitting this application does not mean your will receive this grant. The final decision will be made by the New Mexico Veterans and Families Foundation Board of Directors for the FINAL DECISION for approval or denial. This decision will either be phoned, emailed or sent to the address on this application the day the de-cision is determined. Also, due to privacy concerns, status check on your request for assistance must be made by email - nmvet26@gmail.com.

_____ False claims - any person who knowingly presents a false or fraudulent claim for payment or approval is subject to prosecution under the FEDERAL FALSE CLAIMS ACT—31 USC 3729-3733.

_____ _____

Applicant Signature Date

_____

Printed Name