

APPLICATION FOR OPERATION HOMEFRONT ASSISTANCE

PART I: FAMILY INFORMATION

1. DATE OF APPLICATION:				2. Email address	
3. Applicant's Name (Last, First, MI)		4. Mbr's Pay Grade	5. Mbr's Yrs Service	6. Mbr's Command	7. Mbr's Branch of Service
8. Home Address Rent/Own/Housing		9. Home Phone	10. Cell Phone	11. Referred By Telephone	12. FOR OPERATION HOMEFRONT USE. LES: Attached <input type="checkbox"/> Visual Verification of ID <input type="checkbox"/> Exp Date: _____ Activation Orders: Attached <input type="checkbox"/>

13. Previous assistance provided within the last 3 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate type of assistance provided. Indicate amount of assistance provided. \$	14. Currently Deployed? <input type="checkbox"/> YES <input type="checkbox"/> NO Departure Date: Return Date:
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15. DEPENDENTS OTHER THAN SPOUSE

Age	Relationship	Age	Relationship	Age	Relationship

16. ASSISTANCE REQUESTED:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">TYPE</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> <tr> <td>CLIENT PORTION</td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">APPLICANT'S CERTIFICATION</p> <p>I understand that:</p> <ol style="list-style-type: none"> a. the disclosure of this information on my application is voluntary; b. all information requested will be used only for determining eligibility for assistance; c. the failure to provide all requested information will result in disapproval of this application; d. Operation Homefront may investigate my credit history and/or bank account information as related to determination for grant eligibility; <p>I certify that the information provided on this application is complete, true and correct.</p>	TYPE				TOTAL	\$			CLIENT PORTION	\$			<p>17. Please explain (in your own words) why you are in need of Operation Homefront assistance at this time: (be specific).</p>
TYPE													
TOTAL	\$												
CLIENT PORTION	\$												
18. SIGNATURE OF APPLICANT		DATE											

PART II: INCOME/EXPENSE STATEMENT

19. MONTHLY FAMILY INCOME	CURRENT		20. MONTHLY EXPENSES	CURRENT		21. CREDITOR PAYMENTS	MONTHLY PAYMENT	22. TOTAL
Base Pay			Fed/State Taxes Soc Security/Medicare					TOTAL INCOME (A)
BAH			Alimony/Child/Family Support (paid)					
Family Separation Allowance			Deployed Member Expenses					
BAS			Rent/Mortgage					TOTAL PAYMENTS (B + C = D)
Sea Pay			Utilities					NET (A - D)
Imminent Danger Pay			Telephone					
Hazardous Duty Pay			Food and Household supplies					
HOLA			Clothing					
COLA			House/Personal Property Insurance					23. ASSETS:
Child Support (received)			Vehicle insurance					
Second Income (NET)			Vehicle gas/maintenance					
Other			Child Care					
			Medical/Dental					
			Miscellaneous					Vehicle (Make/Model/Year)
TOTAL (A)			TOTAL (B)			TOTAL (C)		Vehicle (Make/Model/Year)
								Savings

FOR OPERATION HOMEFRONT USE ONLY:	24. DATE:	25. CASEWORKER:	26. COMMITTEE APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO APPLICATION# _____
27. APPROVAL CODE:	28. SERVICE PROVIDER:	29. COMMENTS:	

Application Instructions

- Item 1. Self explanatory
- Item 2. Self explanatory
- Item 3. Applicant's name (not the military member's)
- Item 4. Military member's pay grade, not rank (i.e. E-4)
- Item 5. Military member's total number of years in service
- Item 6. Command the military member is assigned to.
- Item 7. Member's branch of service (i.e. Air Force, Army, Navy, etc)
- Item 8. Current Home address and do you rent or own the home. Type RENT or OWN in the appropriate blank.
- Item 9. Self explanatory. If none, annotate N/A.
- Item 10. Self explanatory. If none, annotate N/A.
- Item 11. Who referred you to our organization (i.e. chaplain, commander, friend, etc.) If not referred, annotate N/A.
- Item 12. Operation Homefront use only.
- Item 13. Previous assistance from Operation Homefront ONLY. Do not list assistance given by other organizations.
- Item 14. Estimate deployment return date, if unknown.
- Item 15. List all LEGAL military dependents.
- Item 16. Fill in type of assistance requested (i.e. car repair, computer, etc). If monetary, fill in total dollar value. If repair, please fill in estimated repair cost, if known. Client Portion: This is the portion you can afford to pay of the total cost.
- Item 17. Self explanatory.
- Item 18. Sign AND date.
- Item 19. Include ALL monthly income to include a second income, part time job, etc. BEFORE taxes and other deductions. If not applicable, you MUST use a 0 in the space provided, so we are aware you have reviewed every item.
- Item 20. All monthly expenses if specifically listed. If not applicable, you MUST use a 0 in the space provided, so we are aware you have reviewed every item. Please consider the miscellaneous expenses carefully, i.e. birthdays, school supplies, school lunches, school uniforms, dry cleaning, toiletries, stamps, mailing care packages, vet expenses, etc.
- Item 21. Please list any creditors not specifically listed in block 20.
- Item 22. Self explanatory.
- Item 23. Self explanatory.
- Items 24 – 29. Operation Homefront Use only.