

VAREP Cares – Aid Request Form

Date of Request:	Deadline Date:	Submitted to Board on:	
Board Member who Submit	tted Request:	Referring Group:	
Name(s) of Requesting Indi	vidual(s):		
Current Address:			
Contact/Message Number:		City, State	Zip Code
Employed: YES NO	Type of Work/Job:		
Character References (prov	ide three names and contact informatio	n):	
RECENT CRISIS FOR H for Board Members review	OUSEHOLD - Please provide inform w.	nation for household crisis. Info	rmation is needed



___ RENTAL / MORTGAGE AID REQUEST

Leaseholder(s) Name(s):				
Landlord Information (Name & Contact #):				
Rental Amount (paid per month): Length of Lease:				
Has a (5) Day Notice been issued: YES NO (if Yes, please indicate date served):				
Is there an EVICTION HEARING pending: YES NO (if YES, indicate court date):				
Amount Requested: Client Contribution Amount:				
UTILITY AID REQUEST				
Utility Account Number:				
Name(s) of Account Holder:				
Shut off Pending: YES NO Date of Disconnect: Extension Date:				
Delinquent Amt. Due: \$ Total Amt. Due: \$ Due Date:				



Board Action Taken: Approved Denied	Date of Action			
Financial Amount:	Request Approved on:			
Board President /Authorized Member Signature: _				
Funds Allocated for Project (list costs associated not including amount given to veteran family):				
Notes:				

NOTE:

- All financial assistance must be written directly to landlord, leasing or utility companies.
- Character References and other vetting such as verifying any late payments or court proceeding must be conducted.
- It is CRITICAL that all persons we help and the companies that we donate to must be documented.
- We must collect a w9 for any financial assistance of over \$600.00 to an individual.



Signature

CONSENT TO SHARE PERSONAL INFORMATION

The undersigned has requested that **the USA Homeownership Foundation**, **Inc. DBA Veterans Association of Real Estate Professionals** hereby known as "VAREP", provide financial assistance. The undersigned has provided personal and confidential information to the personnel and or volunteer members of **VAREP** in order to assist in providing the requested assistance.

The undersigned gives VAREP consent to discuss that information with other agencies and persons who are utilized in attempting to provide requested assistance. The undersigned also agrees to hold harmless the VAREP, ______ Chapter and its members for its reasonable use of any and all information obtained. Printed Name: Printed Name: _____ VAREP Member Initials Date Undersigned Signature: Date Undersigned Signature: _____ Date VAREP NATIONAL APPROVAL □ Approved Date: _____ □ Denied Comments:

Date