CWV CHARITIES OF OHIO REQUEST FOR FINANCIAL ASSISTANCE

Date: _____

For consideration of your request for financial assistance, please answer ALL questions and provide any documentation that may be required.

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

How long at current address? _____

a. Landlord's Name *(if applicable)*: _____

b. Landlord's Address: _____

   Include Copy of Lease: ☐

c. Mortgage Company Name *(if applicable):* _____

d. Mortgage Company Address: _____

   Include Mortgage Statement: ☐

Married? ☐ YES ☐ NO Spouse's Name *(if applicable)*: _____

Who referred you to the CWV Charities of Ohio? _____

Are you a Veteran? ☐ YES ☐ NO *(If yes, please provide a copy of your DD-214)*

Monthly Gross Income: _____ Monthly Household Expenses: _____

Award letter from VA, Social Security, Union or other income *(workers compensation, child support, veteran affairs, job and family services, if applicable)*

Number of Adults in Household: _____ Number of Children in Household: _____

Copy of Utility Bills: ☐

Have you received any assistance from your local CWV Post for this situation? ☐ YES ☐ NO

Have you applied for assistance with your County Veterans Service Office?

If yes, when? _____ If no, why not? _____

Please attach a statement outlining the 5 W's (*who, what, where, when, and why*) of the situation to include for what specifically you need assistance (*rent/mortgage, food, utilities, etc.*)

Complete form and mail to: CWV Charities of Ohio, 35 E. Chestnut Street, Suite 510, Columbus, Ohio 43215 OR send via email to: CWVCO@protonmail.com

*****PLEASE INCLUDE ALL NECESSARY DOCUMENTATION*****