



Application for Assistance

Legal Name (First, Middle, Last) _____ Driver's License/ID # _____

Mailing Address _____

Household Street Address — the place where you currently live _____

Date of Birth _____ Cell Phone # _____ Home Phone # _____

Email _____ How long have you lived in Alamance County? _____

What type of assistance are you in need of?

Utility Bill Assistance – provide attach proof of bill and proof of physical address

Do you have an alternate fuel source (heaters, kerosene heater, etc) _____

Financial Assistance – provide explanation of what financial assistance will be used for and how much you need

Housing Assistance – provide letter from Landlord itemizing balance due

Other - _____

Please provide explanation as to why you need assistance or any circumstances that you would like for the committee to consider when reviewing your application

Military Service Info: Dates of Service _____ Branch of Military _____

Type of Discharge _____

Assistance from Other Organizations: Have you received assistance from ALCOVETS or any other organization in the past? _____

Has anyone in your household ever been disqualified from public assistance, government assistance, fraud, employment benefits or licensing? _____

Have you ever been charged with a crime (this does not disqualify you from receiving assistance)? _____



If so, provide explanation about the charge and whether you were convicted. _____

Do you receive food assistance or housing assistance? _____

I have told the truth; I understand that I can be held criminally responsible for lying on this application.

I will have to provide papers that show that what I've told the organization is true.

I agree to release my information for program needs.

I will use my benefits legally and will not sell, trade, or give away my benefits online or in person.

If you think we, the board, made a mistake, you can ask for a hearing.

ALCOVETS does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

Under penalties of perjury, I state that I have reviewed this application, and to the best of my knowledge and belief, the answers I give within this application are true. If I am declaring an Authorized Representative, by signing below, I allow this person to sign my application and get official information about this application.

Sign Here

Please provide copy of DD-214

What other types of services are you in need of (please circle)? There are various organizations that help Veterans and we more than happy to facilitate and/or coordinate those needs for you.

Handicamp Ramp

VA or Medical Treatment (processing paperwork or getting appointment)

Counseling

Alcohol or Drug Treatment

Financial

Transportation

Housing Assistance

Utility Assistance

Employment

Other: _____

Job Training

Tax Preparation

Legal Assistance