

The Pennsylvania American Legion's
HOUSING FOR HOMELESS VETERANS CORPORATION
GRANT APPLICATION

"We Improve Lives"



DATE: _____

COMPLETED/FILED BY: _____

PERSONAL INFORMATION

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE NO: _____

EMAIL: _____

MARITAL STATUS: _____

CHILDREN: (List first names only and ages of any children under 18 or 26 if in school)

MILITARY INFORMATION

BRANCH OF SERVICE: _____ YEARS OF MILITARY SERVICE: _____

TYPE OF MILITARY DISCHARGE: _____

RECEIVING VA DISABILITY : YES NO PERCENTAGE AMT: _____%

EMPLOYMENT HISTORY: (List dates, position and company)

Total Monthly Income: _____

CREDITOR INFORMATION

LANDLORD: _____ TELEPHONE: _____
ADDRESS: _____

UTILITIES: _____ TELEPHONE: _____
ADDRESS: _____

GRANT INFORMATION

AMOUNT REQUESTED FOR GRANT: _____

CREDITOR INFORMATION

PLEASE INCLUDE THE FOLLOWING DOCUMENTS AS APPLICABLE:

- DD 214
- BIRTH CERTIFICATE FOR CHILDREN
- MARRIAGE CERTIFICATE
- DEATH CERTIFICATE
- COPY OF LEASE OR LETTER HEAD STATING AMOUNT OF RENT DUE
- COPY OF ALL BILLS REQUESTING TO BE PAID
- COPY OF EVICTION NOTICES/SHUT OFF NOTICES

VERIFIED (initial): _____

Please send the completed application to the American Legion Service Office closest to you. To get a complete listing of offices go to <https://pa-legion.com/service-officers/>. If you have any questions to which Service Office please call 717-730-9100.