



Wisconsin Veterans Foundation, Inc.
P.O. Box 1917
Waukesha, Wisconsin 53187-1917

www.wisconsinveteransfoundation.org

Criteria for Financial Assistance

1. An applicant for acute financial assistance must be a veteran, spouse or surviving spouse of a veteran, or immediate family member of a veteran who is currently residing in Wisconsin and submitting the request to the Wisconsin Veterans Foundation, Inc. (WVF) after all other available and appropriate avenues of assistance have been exhausted.
2. WVF will consider a request for acute financial assistance submitted by or on behalf of the veteran following the completion of the **CONFIDENTIAL FINANCIAL STATEMENT** and **List of Providers** forms by the veteran's respective County Veterans Service Officer (CVSO) or Tribal Veteran Service Officer (TVSO).
3. Verification of eligibility is the veteran's DD 214 and meeting the criteria for service requirements established by the Wisconsin Department of Veteran Affairs (WDVA) benefits.
4. There must be a loss of income and a financial need.
5. The WVF will require the C/TVSO and other recognized Veteran Service Organizations (VSO) and applicant apply for assistance from *any and all* available and appropriate other resources and demonstrate these avenues have been exhausted.
6. The WVF will pay only identified creditor(s) and or provider(s).
7. The WVF will **not** pay credit card debt, medical bills or child support.
8. WVF's acute financial assistance is intended to assist in a critical financial emergency.
9. The WVF will **not** provide financial assistance in situations where chronic unemployment is evident as the underlying reason for financial need.

Any decision on a request for financial assistance is at the discretion of the Wisconsin Veterans Foundation Board of Directors.

Special Note: Submitting C/TVSO or other recognized VSO is requested to include his or her contact information either on the CONFIDENTIAL FINANCIAL STATEMENT or on cover sheet submitted electronically.

Approved March 23, 2009

Revised: October 29, 2010; September 27, 2012; April 24, 2013, July 1, 2015, February 26, 2018



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CONFIDENTIAL FINANCIAL STATEMENT

Veteran's Name:		-		-		-	
Spouse's Name:			C/TVSO or VSO:				
Other Household Members:							
	Name	Age	Name	Age			
	Name	Age	Name	Age			
Address:							
City, State and Zip Code:						-	
	City	State	Zip Code				
Veteran's Employer:							
Spouse's Employer:							
INCOME				EXPENSES			
Veteran's Wages: \$				Transportation: \$			
Household Income: \$				Rent/Mortgage: \$			
G.I. Bill: \$				Utilities: \$			
State Loans/Grants: \$				Telephone ¹ : \$			
Retirement Income: \$				Food/Incidentals: \$			
VA Compensation/Pension: \$				Medical/Dental Expenses: \$			
Unemployment: \$				Insurance ² : \$			
Gas/Food Share/Badger Care: \$				Child Care: \$			
Other Income: \$				Other Expenses: \$			
TOTAL INCOME: \$				TOTAL EXPENSES: \$			
¹ Telephone Only (if part of Telephone, TV, Internet package list those in Other Expenses and detail expenses on back of application or separate sheet) ² Health/Vehicle/Home (please detail items on back or separate sheet)							
List applications to other agencies, resources, etc. (use back or separate sheet if more space is needed):							
Assistance is needed because (use back or separate sheet if more space is needed):							
I certify that this information is true and correct to the best of my knowledge. <input type="checkbox"/> By checking this box, I authorize the Wisconsin Veterans Foundation, Inc. to use correspondence I provide in their literature, electronic communications or other means.							
Signature of Veteran		Date		Signature of Spouse		Date	

A LIST ALL PROVIDERS (i.e., INCOME, SUPPORT, AND EXPENSES) MUST BE COMPLETED
ALL INFORMATION WILL REMAIN CONFIDENTIAL

DATE PROVIDERS LIST COMPLETED: _____

RENT/ MORTGAGE

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

HEAT

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

HEALTH INSURANCE

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

VEHICLE INSURANCE

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

CHILD CARE PROVIDERS

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

ELECTRICITY

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

TELEPHONE

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

CHILD SUPPORT

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

WATER

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

HOMEOWNER'S / RENTER'S INSURANCE

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

OTHER

Name: _____
Address: _____
City/State/Zip: _____
Tele.: _____
Account #: _____

OTHER

Please add other supporting documentation on
another piece of paper.