



TREA Memorial Foundation

1111 S. Abilene Ct

February 3, 2017

Food Card Application

Aurora, CO 80012

Print and fill out entire application. Email form and DD214 (or equivalent) to: Application@TREA.Org or fax to: 888-882-0835. Each application will be approved or disapproved based upon the information provided by the applicant. To be eligible, the service member MUST have received an HONORABLE discharge. An Under Honorable Conditions Discharge IS NOT an Honorable Discharge. **ANSWER EACH ITEM. IF AN ITEM DOES NOT APPLY TO YOU, ANSWER it N/A.** Allow at least two (2) weeks for processing. ***Provide MOST RECENT DD-214 or equivalent document (showing Character of Service and Active Duty time served. [Active Duty applicants provide copy of ID Card] (REQUIRED). IF you do not send the DD-214 or supply required information on your application, your application WILL BE DISAPPROVED.***

BLACK OUT ALL SSAN.

Because of privacy issues, information on your food card application CANNOT be provided on the telephone. If you want to check the status of your application, send an email or fax requesting an update and a program member will contact you by either email or US Postal mail.

1) Name of individual in need of assistance (Last Name, First Name, MI):

2) Full Mailing Address:

3) Email Address:

4) Telephone Number: ()--____--_____

5) Branch of Service of service member: [] U.S. Army, [] U.S. Navy, [] U.S. Marines, [] U.S. Coast Guard, or [] U.S. Air Force.

6) If the person in need is not a service member/veteran or if the service member/veteran is deceased, show relationship of person who is/was dependent on veteran/soldier: [] Spouse or Widow(er), [] Child, [] Other: (explain) _____.

7) Has service member/veteran been injured as a result of service, or claiming a disability (Yes)/(No)?
If yes, provide verification. (medical evaluation, VA certification, etc. REQUIRED):

8) What is the total number of people in the household? _____

9) If approved, what one food card do you wish? Albertsons (), Kroger (), Target (), Walmart ().

Applicant MUST Sign and Date this application on page 4.

Applicant DOES NOT have to be a TREA member to receive a food card.

All individual petitions are reviewed on a case by case basis. Submitting a completed petition does not guarantee the receipt of any funds. TREA Memorial Memorial Foundation (TMF) reserves the right to make any decisions based upon Foundation guidelines.



Applicant: _____

Monthly Household Income:

<i>Income Type</i>	<i>Amount</i>	<i>Income Type</i>	<i>Amount</i>
Veteran Primary Job	\$ _____	Food Stamps	\$ _____
Spouse Primary Job	\$ _____	Unemployment	\$ _____
VA Benefits	\$ _____	Childcare Received	\$ _____
Social Security	\$ _____	Spousal Support Recvd.	\$ _____
Disability	\$ _____	Other (ex. 2 nd job) _____	\$ _____
Retirement	\$ _____	Other _____	\$ _____
Room Provided (Est Value)	\$ _____	Food Provided (Est Value)	\$ _____

TOTAL MONTHLY INCOME: \$ _____

Monthly Household Expenses:

<i>Expense</i>	<i>Amount</i>	<i>Expense</i>	<i>Amount</i>
Rent/Mortgage	\$ _____	Insurance	\$ _____
Water/Sewage	\$ _____	Food	\$ _____
Electricity	\$ _____	Credit/Charge Cards	\$ _____
Natural Gas	\$ _____	Loans	\$ _____
Phone	\$ _____	Spousal Support Paid	\$ _____
Mobile Phone	\$ _____	2 nd Mortgage	\$ _____
Internet	\$ _____	Household Items	\$ _____
Vehicle #1	\$ _____	Savings	\$ _____
Vehicle #2	\$ _____	Other (ex tuition) _____	\$ _____
Childcare Paid	\$ _____	Other _____	\$ _____

TOTAL MONTHLY EXPENSES: _____

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ADDITIONAL Applicant Information

List ALL person(s) residing in household:

Applicant: _____	Age: _____	
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

What is the CURRENT TOTAL amount of your checking, savings, and investments?

Checking: \$ _____ Savings: \$ _____ Investments: \$ _____

Applications and supporting documentation maybe mailed, faxed, or emailed to our offices.

TREA National Headquarters

TREA Memorial Foundation

1111 S. Abilene Ct.

Aurora, CO 80012

FAX: 303-752-0835 888-882-0835

<http://www.trea.org>



TREA Memorial Foundation

TERMS and CONDITIONS

Read the following statements carefully and indicate your understanding and acceptance by initialing and signing in the space provided. Failure to initial each item and failure to sign and date this page will lead to your application's immediate disapproval.

_____ I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to award, or if awarded, for repayment of grant in full. FEDERAL FALSE CLAIMS ACT -- 31 USC 3729-3733. (Updated August 2010 an incorporating passage of Pub. L. No. 111-203, 124 Stat 1376) 3729. False claims – (a) Liability for certain acts (1) In general. Subject to paragraph (2), any person who – (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; ...is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104-410), plus 3 times the amount of damages which the Government sustains because of the act of that person.

_____ I authorize any of the persons or organizations referenced in this application to give The TREA Memorial Foundation any and all information concerning the information I have provided, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

_____ I agree to hold TREA, The TREA Memorial Foundation, their officers, employees, agents, sponsors, and subordinate units harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss or perceived loss that may occur.

_____ If approved for financial assistance I understand that my name and situation may be used to advertise, solicit, promote veteran's issues and thank donors of the program. I understand that I will be contacted by a TREA Memorial Foundation representative in this event.

_____ I understand that I must submit legible copies of original documents only as an entire application and all supporting documents will NOT be returned.

_____ Due to privacy concerns, status check requests must be made by either email or fax. Status checks by phone will be denied and you will be directed to send either email to Application@TREA.org or fax 888-882-0835. Please include your full name and the date that your application was sent in. We will let you know the status of your application as soon as possible.

Applicant's Signature

____/____/_____
Date

Printed Name