



Combat Feathers LLC Emergency Financial Assistance Application

P.O. Box 514, Somersville, CT 06072

For questions please contact Linda Perry, Executive Director at (860) 593-5331 or by email at
lperry@combatfeathers.org

PERSONAL INFORMATION:

Name of Service Member/Veteran: _____

Address: _____

City/State: _____

Home Phone: _____

Cell Phone: _____

Single ___ Married ___ Divorced ___ Separated ___ Widowed

Name of Spouse: _____

Children's names & ages of only those who are currently living with you on a daily basis: _____

MILITARY SERVICE INFORMATION:

Branch of Service: _____ Rank: _____

Current Military Status: _____

Years of Military Service: _____

What conflict did you participate in: _____

Please supply a copy of your DD214(s).

To be eligible for emergency financial assistance, your DD214 must include a Combat Action Badge (CAB), Combat Infantry Badge (CIB), Combat Action Ribbon (CAR), Medical Action Badge (MAB), or Purple Heart (PH). If you do not have a DD214 that reflects one of these medals, please supply an LOD, a letter from a physician, counselor, psychiatrist, or military authority figure which will verify your involvement in a combat theatre. **PLEASE BLACKOUT YOUR SOCIAL SECURITY NUMBER.**

DISABILITY STATUS:

Date of Injury: _____ Place of injury: _____

What are your injuries: _____

What are the circumstances of your injuries and how did they occur: _____

What is your current disability rating with the VA: _____

MONTHLY INCOME INFORMATION:

Your Current Employer and Years of Employment: _____

Monthly Income from your employment: _____

Your Spouses Employer and Years of Employment: _____

Monthly Income from Your Spouses Employment: _____

If currently unemployed, check here: You _____ Spouse _____

Are you receiving: Unemployment Insurance: _____ Amount: _____

Social Security: _____ Amount: _____

Worker's Compensation: _____ Amount: _____

VA Disability Compensation: _____ Amount: _____

Other: _____ Amount: _____ What type of income is this: _____

Total Monthly Expenses: _____

MONTHLY EXPENSES:

Please list your monthly expenses in the chart below:

Rent or Mortgage:	Amount:
Utilities:	Amount:
Home and Cell Phones:	Amount:
Car Payments:	Amount:
Insurance (Car, life, home, etc.)	Amount:
Credit Cards:	Amount:
Groceries:	Amount:
Other:	Amount:
Other:	Amount:
Other:	Amount:
Other:	Amount:
Other:	Amount:

Total monthly expenses: _____

What type of emergency financial assistance are you in need of (please supply a copy of any bills you need assistance with):

Any other information you would like to include: _____

Can you provide contact information for anyone within the VA or DOD that will substantiate you need for emergency financial assistance? If so, please provide the name and phone information for each individual: _____

How did you find out about Combat Feathers LLC Emergency Financial Assistance: _____

NOTICE:

Completion of this application does not guarantee the awarding of emergency financial assistance from Combat Feathers LLC.

Please know that while Combat Feathers LLC would like to help all qualified service members/veterans, regrettably we only have a limited amount of funds to do so. Therefore, we can only positively respond to requests based upon our available funds.

If you are approved for emergency financial assistance, you will need to provide copies of the bills and payment information. All emergency financial assistance is paid directly to the rent, mortgage, utility, etc. Gas and grocery gift cards are also available approval is made for emergency financial assistance.

By signing below, you are indicating all the information you have put on this application is true and that Combat Feathers LLC can contact any individuals you listed that can substantiate your need for emergency financial assistance.

Name in Print: _____

Signature: _____ Date: _____