

Application Checklist

	Completed 'Application for Assistance,' including signed authorization page for full background check for veteran.
	Completed Basic Information Sheet form for authorization of full background check and credit check for spouse, guardian, or any other individual, if requested by 208 Cares, Inc.
	Please send a photo CD with 3-4 digital photos that are at least 500KB in size (High Res) of <u>each</u> of the following <ul style="list-style-type: none">• Deployment• Hospitalization• Physical Therapy• Family and Friends• Current living conditions depicting the barriers you experience <i>Example: narrow doorways, carpet, kitchen, bathroom, shower, stairs, etc</i>
	Copies of your federal tax returns or an IRS transcript of the returns for the last three years (2014, 2013, 2012)
	Copy of your VA rating letter
	Copies of <u>ALL</u> DD214s awarded to you
	Authorization Form
	<u>Using a separate piece of paper, please describe your long term and short term goals.</u>

Application for Assistance

BASIC INFORMATION SHEET

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: () _____ - _____ Home Phone () _____ - _____

Email Address _____

Date of Birth ____ / ____ / ____

Hometown (City, State) _____

MILITARY INFORMATION

Branch of Service: Army Navy Air Force Marine Corps Coast Guard

Current Military Status Active Duty Retired Other

How and Where was your disability incurred:

If Active Duty, what is your current rank: _____

If retired, **DATE** & rank at time of retirement: _____

What military unit/s did you serve with: _____

Where is/was your unit located? _____

List **ALL** deployments giving Country/Province/ and approximate dates

1. _____
2. _____
3. _____

FAMILY AND DEPENDENTS

Marital Status: Single Married Widowed Divorced Separated Engaged

Please list all children and step-children:

Full Name	DOB	M/F	Will they live w/you fulltime?
_____	__/__/__	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	__/__/__	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	__/__/__	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	__/__/__	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any adult dependents, including your spouse, who will reside **full-time** in your home:

Full Name	DOB	M/F	Relationship
_____	__/__/__	_____	_____
_____	__/__/__	_____	_____
_____	__/__/__	_____	_____

SPECIAL NEEDS FOR YOU AND/OR ANY DEPENDENTS

Briefly describe your disabilities and special needs:

Date(s) you sustained your injuries or were diagnosed with a disability: _____

/_____/_____

Percentage of time per day spent in a wheelchair?

CURRENT AND NEEDED LIVING ARRANGEMENTS

Please describe your current living arrangements, including any challenges of the situation:

What is your ideal time frame for moving into a handicap accessible home?

- 0-6 Mos 6-12 Mos 12-18 Mos 18-24 Mos 24+ Mos

What type of assistance are you seeking?

- I own a home, but it is not handicap accessible**

Address _____

City _____ State _____ Zip _____

Purchase Date _____ / _____ / _____

Purchase Price \$ _____

Current Market Value \$ _____

Monthly mortgage payment? \$ _____

Remaining unpaid balance? \$ _____

Are there any additional mortgages or liens against the property: Yes No

Remaining unpaid balance? \$ _____

- I do not own land or a home and I need a specially adapted home built**

Are you willing to relocate to Eagle, Idaho? **Yes** **No**

Do you have animals or plan to have animals: Yes No

If Yes, what type and breed of animal(s):

FINANCIAL RESOURCES & ABILITY TO MAINTAIN OWNERSHIP

Are you currently employed: Yes No

Annual income from employment \$_____

Name of Employer _____

Point of Contact _____

Address_____City_____State__Zip

Are you receiving VA Disability Compensation: Yes No

Annual income from VA Disability \$_____

Are you receiving Combat Related Special Compensation(CRSC): Yes No

Annual income from CRSC \$_____

Are you receiving Social Security: Yes No

Annual income from Social Security \$_____

Have you received TSGLI: Yes No

TSGLI Amt Received \$_____TSGLI Amt Remaining \$_____

Do you have a Trust Fund: Yes No

Initial Trust Fund Amount \$_____

Remaining Trust Fund Amount \$_____

Are you receiving Lottery Income: Yes No

Annual income from Lottery \$_____

Are you receiving Annuity Income Yes No

Annual income from Annuity \$_____

Is there ANY other household income (example: spouse employment)

Yes No If Yes, Please

Explain:_____

PERSONAL ASSETS

Please list all financial assets (Please include spouse's assets)

Real Estate: Please list real estate you or your spouse currently own, **not already listed on this application.**

Address _____

City _____ State _____ Zip _____ County _____

Purchase Date ____ / ____ / ____

Purchase Price \$ _____

Current Value \$ _____

Vehicles: Please list all vehicles you and/or your spouse currently own.

YEAR	MAKE	MODEL

Stocks/Bonds/CD: Please list total value of all stocks, bonds, and CD's you and/or your spouse currently hold. Current Value \$ _____

Accounts: Please list all bank, retirement, and other accounts currently held by you and/or your spouse.

PERSONAL ASSETS

Bank/Company Name _____ **Account Type**
 Checking Savings
 401K IRA Other _____ **Balance**
 \$ _____

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 \$ _____

MONTHLY FINANCIAL RESPONSIBILITIES

Rent/Mortgage	\$ _____	Health Insurance	\$ _____
Car Payment(s)	\$ _____	Life Insurance	\$ _____
Electric	\$ _____	Property Insurance	\$ _____
Gas/Oil	\$ _____	Auto Insurance	\$ _____
Phone/Cable/Internet	\$ _____	Education	\$ _____
Cell Phone	\$ _____	Child Care	\$ _____
Food	\$ _____	Credit Card	\$ _____
Clothing	\$ _____	Credit Card	\$ _____
Other _____	\$ _____	Other _____	\$ _____

Total MONTHLY Financial Responsibilities	\$ _____
	X 12
Total ANNUAL Financial Responsibilities	\$ _____

FINANCIAL DEBT

Debt shall include any and all current debt: Mortgages, Auto Loans, Student Loans, Medical Bills, Credit Cards, etc. (Use a separate sheet if necessary)

Creditor Name	Creditor Address	Monthly Payment	Remaining Balance
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

BACKGROUND INFORMATION

Answering "Yes" to any of the following questions does not automatically disqualify you; however, it does require that a separate sheet of paper, explaining the circumstances, be attached to this application.

- 1) Do you have any debt due to a court decision against you: Yes No
- 2) Have you declared bankruptcy within the last 7 years: Yes No
- 3) Have you had any property foreclosed in the last 7 years: Yes No
- 4) Have you ever been arrested and charged with any crime: Yes No
- 5) Have you ever been convicted of a felony: Yes No
- 6) Are you currently involved in a lawsuit: Yes No
- 7) Are you currently involved in a divorce proceeding: Yes No

 Are you currently paying alimony or child support: Yes No
- 8) Are there documented cases of your involvement in spousal and/or child abuse:
 Yes No
- 9) Are you registered, or are you required to be registered, as a sex offender:
 Yes No
- 10) Do you, or an immediate family member of yours, have a potentially embarrassing situation that might be revealed under public scrutiny:
 Yes No
- 11) Is there anyone that might try to tarnish your reputation in a public forum:
 Yes No
- 12) Have you received a discharge from the Armed Forces other than Honorable:
 Yes No
- 13) Have you used any portion of the "Specially Adapted Housing" (SAH) Grant:
 Yes No
- 14) Have you used any other names or aliases: Yes No

CHARITABLE ORGANIZATIONS

Are you presently working with and/or have you benefitted from any non-profit organization or community fund raiser due to your disability?

(example: financial assistance, vehicle donation, home modifications etc...)

- Yes No

If yes, please list the organizations, the benefits realized, and the value of those benefits:

Organization	Benefit Received	Approximate Value
		\$ _____
		\$ _____
		\$ _____
		\$ _____

***Please note that, should you be selected as a recipient by 208 Cares, Inc, your fundraising efforts, if any, should be confined to 208 Cares, Inc. until the project is complete. All other fundraising efforts should be brought to the attention of 208 Cares, Inc. (Fundraising efforts include gifts given to you, money raised directly for you, vehicle donations...etc)**

How did you first learn or hear about 208 Cares, Inc?

- Hospital Family Friend Internet Search Veteran Service Organizations

Other _____

Authorization Form

I, _____, understand that by filing out this application, I am authorizing 208 Cares, Inc. and authorized representatives, thereof, to evaluate my needs for receiving assistance from 208 Cares, Inc and verify my qualifications and suitability for said assistance.

I understand that this evaluation may include, but not be limited to:

Address verification

Background criminal checks _____ (please initial) _____

Background employment checks _____ (please initial) _____

Current employment verification _____ (please initial) _____

Credit Bureau Reports _____ (please initial) _____

Personal visits _____ (please initial) _____

Verification of military service and medical conditions _____ (please initial) _____

Verification of marital status and child custody arrangements _____ (please initial) _____

Verification of the circumstances that led to my disability _____ (please initial) _____

I have truthfully answered all questions on this application, and all other relative questions asked of me by 208 Cares, Inc officials to determining my eligibility,

I further understand that if I have not answered all questions truthfully, my application may be denied, and even if I have already been selected for and begun to receive assistance, I may be disqualified and removed from the program, and be barred from receiving any help from 208 Cares, Inc in the future.

I further understand that 208 Cares, Inc will indefinitely retain a copy of this application.

X

Veteran's Signature

Date

X

Signature of Authorized Agent for Veteran*

Date

*All signatures made by authorized agents will be accompanied with a Power of Attorney that indicates the authority to apply for our assistance on the Veteran's behalf. By signing above, the authorized agent personally attests, under the penalties of perjury, that all information on this application was provided by direct oral response from the veteran, or by first-hand knowledge of the facts by the authorized agent.

IMPORTANT! Please Read and Understand the Following

This is only an initial application and additional information from you may be required. The information provided on this form will be kept confidential and will only be used to determine whether or not you meet the minimum eligibilities for assistance from 208 Cares Inc. We will contact you about your status and what it means. The consideration and selection processes of 208 Cares, Inc are equal opportunity processes for all qualified persons, and shall never be conducted in a discriminatory manner or take into consideration: race, color, religion, sex, age, citizenship or national origin.