

Request for service

Date of assistance request: _____

Veterans Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Marital Status: _____

Request: _____

Situation for needing assistance: _____

Veterans date of birth: _____ Date of Service: _____ To _____

Branch of Service: ARMY ___ NAVY ___ MARINE ___ AIR FORCE ___ COAST GUARD ___

Employment Status: _____ Monthly Income: _____

Spouse Name: _____ Monthly Income: _____

Employment Status: _____ Combined Household Income: _____

Has veteran applied for service before: YES NO

If veteran receives assistance all bills will be paid directly to the vendor and a copy of ID, DD214, Proof of income or proof of unemployment, and bills must be provided. Along with at least 1 request from another organization approved or denied. No more than \$2,000 per family will be assisted and assistance is one time per family. Mailed to Helping Heroes of America 8130 S Meridian St STE 4A Indianapolis, IN 46217 or emailed to info@helpingheroesofamerica.org