



**INSTRUCTION FOR COMPLETING
APPLICATION FOR ASSISTANCE**

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

1. Reserve Aid does not provide assistance to those who are currently serving on active duty other than reservists or National Guard members who have been activated for service in OEF/OIF.
2. **All areas of the application must be completed.** If they are not, your application will not be considered.
3. All bills must be in the name of the service member or his/her spouse.
4. All bills to be considered for payment must be not more than 30 days old and must include account number and payment address. If they do not, the bill will not be considered for payment.
5. All amounts requested will be verified by calling the creditor. If you have a zero balance, no amount will be paid.
6. If mortgage assistance is requested, Reserve Aid will only pay one month of your mortgage.
7. **The turn around time is between 7 to 10 business days.**
8. You must attach a copy of your DD214 or mobilization orders and your most recent bank statement with your account number blacked out.

If you have questions, please contact:
 Polly Weidenkopf
 Executive Director
 Email: pollyw@reserveaid.org
 Phone: 972-383-8080
 Fax: 972-383-8081



APPLICATION FOR ASSISTANCE
PLEASE PRINT or TYPE CLEARLY

APPLICANT INFORMATION

Name: _____ DOB: _____
 Home Address: _____ SSN: _____
 City, State, Zip: _____ Rank: _____
 Home Telephone: _____ Pay Grade: _____
 Unit: _____
 Unit Location: _____
 Work Telephone: _____
 Email address: _____

FAMILY INFORMATION

Spouse: _____ DOB: _____
 Home Address: _____ SSN: _____
 _____ Rank: _____
 _____ If in the military
 Home Telephone: _____ Pay Grade: _____
 Minor Children _____
 and Ages: _____

CURRENT STATUS

- 1) Are you separated from the military? ___ Yes ___ No
 If yes, please attach a copy of your DD214
 If no, attach a copy of your deployment orders
- 2) Are you currently employed? ___ Yes ___ No
- 3) Are you currently being seen by an OEF/OIF VA counselor? ___ Yes ___ No
- 4) Have you submitted your request for VA Disability Compensation? ___ Yes ___ No
 If yes, date it was submitted: _____.

FINANCIAL STATUS

- 1) Are you meeting your financial obligations? ___ Yes ___ No
- 2) Current **sources of income** – actual monthly military, VA and/or civilian pay for your ENTIRE household
- 3) .

SOURCE	MONTHLY AMOUNT

Name: _____

Page: 2

4) Monthly expenses:
ITEM

ITEM	AMOUNT

4) Past Due Bills:

5) What steps have you taken to pay your unpaid bills?

ADDITIONAL COMMENTS:

I certify that the information provided above is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE: _____ Date: _____

POC RECOMMENDATION: _____

POC Approved Disapproved Date: _____

POC Signature: _____ POC Printed Name: _____ POC Phone: _____

Please submit via mail or fax to:

*Reserve Aid, Inc.
13455 Noel Road, #800
Dallas, Tx 75240
FAX 972-383-8081*

**Your MUST print or Type CLEARLY.
Unreadable applications will be denied.**

NOTE: Copies of all bills for which you are requesting payment MUST be attached to this application and MUST include account number and payment address. Reserve Aid does not pay credit card bills or Cable TV.

DD-214 or deployment orders must be attached