



List below the people in your household. Please list the dollar amount of the total monthly income that supports the household. Include money that is earned (paychecks, profits, interest, savings) as well as income that is not earned (welfare, unemployment, child-support, gifts, grants)

Name	Birthdate	Relationship	Monthly Income

**Copy of Indiana Identification Provided:**                       Yes                       No

	Agree	Disagree
▪Applicant must provide a copy of his / her DD214	_____	_____
▪This application must be filled out complete	_____	_____
▪Any bill(s) submitted for assistance must be in the Veteran's name (if the bill is in another name, proof of residency/relationship must be provided	_____	_____
▪Jesse's Warriors, Inc. limits assistance to once occurrence, per Veteran, per quarter of the year.	_____	_____
▪All applications will be reviewed by The Board before a decision is made; the board meets on the 2nd and 4th Thursday of each month	_____	_____
▪After The Board review of your application, you will be notified the results via email or mail, whichever you have provided, immediately. Jesse's Warriors, Inc. does not have to provide any reason for approval or denial of the application	_____	_____

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

Application approved:

Application denied:

Signature of Board Member

Date

Signature of Board Member

Date

Signature of Board Member

Date