

Military Women in Need

Application for Housing Assistance

I, _____ on (date) _____, hereby apply for housing assistance from Military Women In Need (MWIN) and agree to comply with its rules and regulations as established by the Board of Directors.

1. I am the (circle one) widow/lineal female descendent of _____ who served in the _____ from _____ to _____ and who was honorably discharged on _____.

- or -

2. I am a veteran of the United States Armed Forces and served in the _____ from _____ to _____, and I was honorably discharged on _____ with the (circle one) rank/rate of _____. A true copy of my Honorable Discharge is attached hereto.

3. I am _____ years old. My date of birth is _____. I have resided in the State of California from _____ to the present, a total of _____ years.

4. My current residence is:

Street Apt. #

City ST Zip Code Telephone

Landlord Information:

Landlord Name/Contact Name Telephone

Mailing Address Apt./Suite #

City ST Zip Code # of Years at Address

Monthly Rent:\$ _____ Rent Due Date: _____

Military Women in Need

Application for Housing Assistance

5. Previous Residence Information (if not at current residence for 5 years):

Street			Apt. #
City	ST	Zip Code	Telephone

Landlord Information:

Landlord Name/Contact Name	Telephone		
Mailing Address	Apt./Suite #		
City	ST	Zip Code	# of Years at Address

6. My total income per month is: \$ _____.
I receive \$ _____ per month from _____.
I receive \$ _____ per month from Social Security. My Social Security number is _____.
I receive other financial support from the following sources:
1. \$ _____ from _____.
2. \$ _____ from _____.

7. My total assets, not including one automobile, are approximately \$ _____. They are:
a. _____ \$ _____.
b. _____ \$ _____.
c. _____ \$ _____.
d. _____ \$ _____.

8. My doctor is _____
Name Telephone
Address Zip Code

9. My lawyer is _____
Name Telephone
Address Zip Code

Military Women in Need

Application for Housing Assistance

10. I have medical/hospitalization insurance coverage with the following companies:

a. _____ Policy # _____
b. _____ Policy # _____
c. _____ Policy # _____

11. My nearest living relative is:

_____	_____
Name(s)	Telephone
_____	_____
Address	Zip Code

12. The following persons or organizations are authorized to act on my behalf with respect to my person and property in the event of an accident, illness, inability to care for myself or my financial or other affairs, or in the event of my death:

1.

_____	_____
Name	Telephone
_____	_____
Address	Zip Code

Relationship	

2.

_____	_____
Name	Telephone
_____	_____
Address	Zip Code

Relationship	

3.

_____	_____
Name	Telephone
_____	_____
Address	Zip Code

Relationship	

Military Women in Need

Application for Housing Assistance

I agree to abide by the rules and regulations of Military Women in Need, as established by the Board of Directors, and I understand that failure to comply with such rules and regulations, or a material misstatement in this APPLICATION, will be sufficient reason to terminate assistance by MWIN.

I declare under penalty of perjury that the foregoing is true and correct and that I have executed this APPLICATION on _____, 20__, at _____, California.

Signature of Applicant

Military Women in Need

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Eligibility Requirements

1. Applicant must be the widow or lineal female descendent of an honorably discharged veteran of the Army, Navy, Marine Corps, Air Force, Coast Guard, or other Armed Services of the United States of America, or an honorably discharged female veteran of the aforementioned Armed Forces, age 55 or over.
2. Income of the applicant must not be more than \$15,000.00 per year, and assets, not including one automobile, must be no more than \$20,000.00.
3. Applicant must verify continuous five-year residence in the State of California.
4. Applicant must be in good health and able to care for her personal and financial needs and to live independently. Applicant must make arrangements for emergency and other care of her person and property in the case of accident, illness, or death, and must inform MWIN of these arrangements.
5. Applicant must complete APPLICATION FOR ASSISTANCE and agree to the RULES AND REGULATIONS FOR RESIDENTS as established by the MWIN Board of Directors.

(In the event you do not meet the Eligibility Requirements, please complete the application and return it to MWIN. The Board of Directors is in the process of reviewing the requirements.)

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Application for Housing Assistance

Copies of the following documents are **required**:

1. Marriage Certificate (if widow)
2. Honorable Discharge Papers
3. Death Certificate (if widow)
4. Social Security Card
5. Drivers License
6. Proof of Residence in the State of California for a minimum of five (5) years
7. Income Statements

Please be sure that all required documents are included with your application and mail to:

Military Women In Need
Attn: Executive Director
10801 National Boulevard, #560
Los Angeles, CA 90064