

I, _____ on _____, hereby apply for emergency 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. Reason for requesting assistance: Please be specific.

4. 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.

5. My current residence is:

Street Apt. #

City ST ZIP Code Telephone

Landlord Information:

Landlord Name/Contact Name Telephone

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Mailing Address _____ Apt./Suite # _____

City _____ ST _____ ZIP Code _____ # of Years at Address _____

Monthly Rent:\$ _____ Rent Due Date: _____

6. 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 _____

7. 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:

a. \$ _____ from _____.

b. \$ _____ from _____.

8. My total assets, not including one automobile, are approximately \$ _____.

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9. My monthly expenses: (Utilities, telephone, cable, etc.) Provide copies

- a. _____ \$ _____.
- b. _____ \$ _____.
- c. _____ \$ _____.
- d. _____ \$ _____.

10. My doctor is:

Name	Telephone
Address	ZIP Code

11. I was referred by:

Name	Telephone
Address	ZIP Code

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

- a. _____
- b. _____

12. My nearest living relative is:

Name(s)	Telephone
Address	ZIP Code

13. 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:

- a.

Name	Telephone
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Address _____

ZIP Code _____

Relationship _____

b.

Name _____

Telephone _____

Address _____

ZIP Code _____

Relationship _____

14. Number of people living in household _____

a. Name _____

Date of Birth _____

B .Name _____

Date of Birth _____

c. Name _____

Date of Birth _____

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

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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 of any age.
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 EMERGENCY 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 Emergency 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
8. Proof of Expenses

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

Military Women In Need
Attn: Lisa Cash
10801 National Blvd. Suite 560
Los Angeles, CA 90064
Tel: 424-672-5355

or

Military Women In Need
Attn: Heather Harris
10801 National Blvd. Suite 560
Los Angeles, CA 90064
Tel: 310-993-8463

--General Information for MWIN Emergency Assistance:

1. Emergency Assistance may be in the form of a loan or a gift.
2. Emergency Assistance may take the form of a one-time lump sum or an agreement for regular but limited payments (such as monthly for 6 consecutive months).
3. Payments are made by check and are generally sent directly to the client's landlord.
4. If the assistance is a loan, with repayment is required, applicant will be required to sign a repayment contract and schedule with MWIN, and will be invoiced monthly or quarterly by MWIN.
5. Failure to make timely repayments may result in loan suspension by MWIN.