



Greetings,

Thank you for contacting the Dixon Center for Military and Veteran Services. As you know, we are currently operating the Female Veterans Program that allows for female veterans to apply for **emergency assistance grants**. The emergency financial assistance is for female veterans, their spouse, caregivers, or children only. This is one-time funding to female veterans in order to prevent or assist in their recovery from financial hardships. We assist only those veterans who are actively participating in improving their lives, which through no fault of their own have gotten into financial trouble.

We will accept applications until funds have been exhausted.

Listed below are key notes regarding the application process. **In order for the application packet to be complete, we will need a completed application packet, a copy of the DD214/DD215, and a copy of the actual bill(s) or invoice(s) that you would like us to consider.** An explanation of your situation is always helpful as well and much appreciated. If approved, funds will be paid directly to the biller except in the case of food/gas.

If you have any additional questions about the application process, please do not hesitate to contact us femalevets@dixoncenter.org or at 301-741-1399

Applicants can request for financial assistance for the following:

- Food
- Housing (mortgage, rent, or security deposit)
- Utilities
- Work Related Clothing (i.e. uniforms)
- Infant Supplies
- Gas and Insurance or Vehicle
- Vehicle Repair to Support Employment
- Training/Classes Required for Certification for Employment or Education Fees

Notes:

- Request for funds will be considered on a case by case basis
- Applications will be processed and decision made as soon as possible **upon receiving all required information and documentation.** Not providing all required information will delay the process.
- Request for assistance of a utilities, housing, vehicle repair, class for certification, and uniforms will require a copy of the actual bill or invoice from the company.
- For items such as food or gas for vehicle a gift card or voucher will be issued.

PLEASE NOTE: the purchasing of alcohol or nicotine items is prohibited

If you received a grant from us in the previous calendar year, you are not eligible to apply for this calendar year.



The Dixon Center Female Veterans Program FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION

Name:		Date:
Date of birth:	Branch of Service:	Disability:
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	E-mail:
Children: yes <input type="checkbox"/> no <input type="checkbox"/> Age(s): _____		
Marital Status: Single <input type="checkbox"/> / Married <input type="checkbox"/> / Divorced <input type="checkbox"/> / Widowed <input type="checkbox"/> / Separated <input type="checkbox"/>		
How were you referred to this project?		DD214/215 available: yes <input type="checkbox"/> no <input type="checkbox"/>

SOURCE OF INCOME INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Annual Income: \$
<i>Additional Source of Income:</i>		
Name of Source:		Annual Amount: \$
<i>Additional Source of Income:</i>		
Name of Source:		Annual Amount: \$
<i>Additional Source of Income:</i>		
Name of Source:		Annual Amount: \$

REQUEST INFORMATION

Reason for Request:		
Company Name:		Amount of Request: \$
Company Address:		
City:	State:	ZIP Code:
Phone	Current Balance: \$	Minimum Amount Due: \$
Please provide any additional information to support your request:		

HOUSEHOLD BUDGET INFORMATION

Applicant Name:

CREDIT CARDS

Name(s)	Current balance	Monthly payment



The Dixon Center Female Veterans Program
FINANCIAL ASSISTANCE APPLICATION

MORTGAGE/RENT		
Name	Current balance	Monthly payment
AUTO LOANS		
Name(s)	Current balance	Monthly payment
UTILITIES (ELECTRIC, WATER, GAS, PHONE ETC...)		
Name(s)	Current balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS		
Description	Current balance	Monthly payment
APPLICANT SIGNATURE		
Signature of applicant		Date

OFFICE USE ONLY	
Date Received:	Date Entered into Service Point:
All required information attached: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> DD214/215 <input type="checkbox"/> Income Information <input type="checkbox"/> Complete W-9 form </div> <div> <input type="checkbox"/> Copy of Bill(s) for Payment Request <input type="checkbox"/> Household Budget Information Complete Release Form </div> </div>	
Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/> If not approved, explain:	
Dixon Center Signatures	
Signature of President:	Date
Signature of COS Manager:	Date



Release Form

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I am 18 years of age and I fully understand the contents, meaning, and impact of this release.

Signature _____

Printed Name _____

Date _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____ named above, and give my consent without reservation to the above on behalf of this person.

Signature _____

Date _____

____ Check here if you prefer NOT to share your story or information. ____ Check here to share your story anonymously.