

# Military Women in Need

## Application for Emergency Assistance

### Eligibility Requirements

1. Applicant must be an honorably discharged female veteran of the Army, Navy, Marine Corps, Air Force, Coast Guard, National Guard, or other Armed Services of the United States of America, or the widow of an honorably discharged veteran of the aforementioned Armed of any age.
2. Applicant must be a single woman living alone, with or without, minor children. Special consideration may be given to two female veterans sharing an apartment if both qualify individually.
3. Income of applicant must not be more than \$28,000 per year without children, or \$34,000 with minor dependent children, and assets, not including one automobile. Income must be sustainable.
4. Applicant must verify continuous two-year residence in the State of California or recent return from out of state or overseas duty.
5. Applicant must be in good health and able to care for her personal and financial needs and able 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.
6. Applicant must complete APPLICATION FOR EMERGENCY ASSISTANCE.

### --General Information for MWIN Emergency Assistance:

1. Emergency Assistance may be in the form of a loan or a grant.
2. Emergency Assistance may take the form of a one-time lump sum or an agreement for regular but limited consecutive payments for up to three months.
3. If the assistance is a loan, with repayment required, applicant will be required to sign a repayment contract and schedule with MWIN, and will be invoiced monthly or quarterly by MWIN. Failure to make timely repayments may result in loan suspension by MWIN.
4. If the assistance is for a security deposit, applicant and landlord will be required to sign a *Security Deposit Receipt and Refund Form*, and understand that the remaining balance will be refunded from landlord to MWIN upon vacating unit.
5. Payment from MWIN is made by check and sent directly to the client's landlord or third party payee.

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

1. Marriage Certificate and Death Certificate (if widow)
2. Honorable/General Discharge Papers (DD214)
3. Driver's License/Identification Card/Passport
4. Proof of Residence in the State of California for a minimum of two (2) years or recent return from out of state or overseas duty
5. Verification of Income
6. Proof of Current Monthly Expenses: No bills over 30 days accepted
7. Additional documents may be requested for dependents
8. Lease Agreement (W-9 required for assistance with security deposit or rental assistance)

Please be sure that all required documents are included with your application and mail/email/fax:

Military Women In Need  
2355 Westwood Blvd. #350  
Los Angeles, CA 90064  
Tel: 310-733-2450  
Fax: 866-425-8097  
[info@militarywomeninneed.org](mailto:info@militarywomeninneed.org)  
[www.militarywomeninneed.org](http://www.militarywomeninneed.org)

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## Application for Emergency Assistance

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 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.

**-or-**

I am the widow of \_\_\_\_\_ who served in the \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ and who was honorably discharged on \_\_\_\_\_.

2. Reason for requesting assistance: Please be specific.

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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. Rental/Residence History:

My current residence is: (Include organization name if living at a center, shelter, or in transitional housing).

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Street \_\_\_\_\_ Apt. / Suite # \_\_\_\_\_

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City \_\_\_\_\_ ST \_\_\_\_\_ ZIP Code \_\_\_\_\_ Primary Telephone \_\_\_\_\_

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Secondary Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

# Military Women in Need

## Application for Emergency Assistance

Monthly Rent: \$ \_\_\_\_\_ Rent Due Date: \_\_\_\_\_

Number of Months/Years at Address

Landlord Information:

Landlord Name/Contact Name

Telephone

Mailing Address

Apt. /Suite #

City

ST

ZIP Code

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

Street

Apt. / Suite #

City

ST

ZIP Code

Number of Years at Address

Landlord Information:

Landlord Name/Contact Name

Telephone

Mailing Address

Apt. /Suite #

City

ST

ZIP Code

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## Application for Emergency Assistance

6. Number of (proposed) occupants living in household: \_\_\_\_\_

a. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_

b. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_

c. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Relationship \_\_\_\_\_

7. Income Sources: (Must have sustainable income and able to provide verification)

Amount		
_____	Employment	
_____	Social Security/SSDI/SSI	
_____	Service Connected Disability	
_____	Pension	
_____	Child Support	
_____	Other Income	_____ Source
_____	Other Income	_____ Source

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

8. Monthly expenses: (Utilities, telephone, cable, rent, food, insurance, medication, etc.) Must Include Verification Documents

a. \_\_\_\_\_ \$ \_\_\_\_\_  
b. \_\_\_\_\_ \$ \_\_\_\_\_  
c. \_\_\_\_\_ \$ \_\_\_\_\_  
d. \_\_\_\_\_ \$ \_\_\_\_\_  
e. \_\_\_\_\_ \$ \_\_\_\_\_  
f. \_\_\_\_\_ \$ \_\_\_\_\_  
g. \_\_\_\_\_ \$ \_\_\_\_\_

9. I was referred by:

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# Military Women in Need

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Name

Telephone

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Organization

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Address

Zip Code

10. My nearest living relative is:

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Name(s)

Telephone

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Address

Zip Code

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Relationship

11. My social worker or caseworker is:

a.

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Name

Telephone

---

Address

Zip Code

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Affiliated Organization

13. In case of an emergency, notify:

a.

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Name

Telephone

---

Address

Zip Code

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Relationship

b.

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Name

Telephone

---

Address

Zip Code

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Relationship

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I \_\_\_\_\_ understand that my application will not be considered complete until all verification documents on page 2 are submitted. I understand that once my application is submitted, I will be contacted by a Program Coordinator for an interview and that the process can take up to 30 days. Military Women In Need may contact beneficiaries to provide continued support, including invitation to events, home visits, and phone calls.

I understand that failure to provide accurate information or a material misstatement in this APPLICATION will be sufficient reason to deny financial assistance from MWIN. If the assistance is for a security deposit, I understand that the remaining balance will be refunded from landlord to MWIN upon vacating unit. Applicant is responsible for notifying MWIN of change of address.

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  
Model Photo/Image Release

I, \_\_\_\_\_, provide Military Women In Need permission to use my image in non-commercial brochures, website, videos and other information-oriented materials created for use by Military Women In Need. I understand that Military Women In Need is a non-profit organization benefiting female Veterans and widowed Veterans, and that I will not be financially compensated for the use of these images.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_