

## American Legion Department of Arkansas

P.O. Box 3280  
Little Rock, AR 72203  
Telephone (501) 375-1104  
[www.arlegion.org](http://www.arlegion.org)



702 Victory Street  
Little Rock, AR 72201  
Fax (501) 375-4236  
[alegion@swbell.net](mailto:alegion@swbell.net)

The aim of The American Legion is to assist Honorably Discharged Arkansas Veterans. Financial assistance under the Jack Hodge Veterans Emergency Assistance fund is limited to a maximum of \$300.00 per year.

THE FOLLOWING INFORMATION MUST BE RECEIVED BEFORE ELGIBILITY CAN BE DETERMINED

1. Completed Application (All 4 pages of this packet which includes this cover letter)
2. A statement of why the financial situation exists and what the assistance is for, i.e. rent or utilities. **Please note, assistance is in the form of payment directly to the utility company/mortgage company, etc...** Statement of need can be written at bottom of this page.
3. Copy of MILITARY DISCHARGE - (DD214) reflecting honorable discharge. Copy of driver's license or photo ID.
4. Verification of **All INCOME** family is receiving. Example: check stubs, bank statement, letter from Social Security, VA Disability Awards, Tax Return, Child Support
5. Copies of current utility bills – (electric, water and gas bills only)
6. Current letter or statement from Landlord or Mortgage Company that verifies the monthly amount due, due date, and amount currently owed. Letter must include name, address, and telephone number where they can be reached. Copy of current lease required.
7. Assistance is limited to basic necessities as follows: utilities, rent, mortgage, etc...

### ANY FALSE INFORMATION OR STATEMENTS MADE WILL RESULT IN DENIAL OF THE CASE

The American Legion Department of Arkansas does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. Since each veteran's needs are different, each case will be evaluated separately.

**Statement of financial crisis/requested assistance:**

1. Full name of Veteran

\_\_\_\_\_

(Last) (First) (Middle) (Maiden, if any)

2. Present address

\_\_\_\_\_

(Street & PO Box) (City) (State) (Zip Code)

3. Telephone number

\_\_\_\_\_

(Home) (Veteran Cell) (Spouse Cell)

4. Date & place of birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

5. SERVICE RECORD: Date of enlistment \_\_\_\_\_ Date of discharge \_\_\_\_\_

6. Occupation \_\_\_\_\_ Usual salary or income \_\_\_\_\_

Employed by \_\_\_\_\_ Last day worked \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Length of employment – From \_\_\_\_\_ to \_\_\_\_\_

(Month) (Year) (Month) (Year)

7. Name of spouse

\_\_\_\_\_

(Last) (First) (Middle) (Maiden, if any)

8. Date & place of birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

9. Occupation \_\_\_\_\_ Usual salary or income \_\_\_\_\_

Employed by \_\_\_\_\_ Last day worked \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Length of employment – From \_\_\_\_\_ to \_\_\_\_\_

(Month) (Year) (Month) (Year)

10. Date & place of marriage \_\_\_\_\_

11. Number of children living in home: \_\_\_\_\_

12. SHELTER COSTS FOR CURRENT MONTH

Name, address, phone number of landlord or mortgage co. \_\_\_\_\_

\_\_\_\_\_

Rent or mortgage account number, amount due, & due date \_\_\_\_\_

Name, address, phone number of electric co. \_\_\_\_\_  
\_\_\_\_\_

Electric account number, amount due, & due date \_\_\_\_\_

Name, address, phone number of gas/butane co. \_\_\_\_\_  
\_\_\_\_\_

Gas/butane account number, amount due, & due date \_\_\_\_\_

Name, address, phone number of water co. \_\_\_\_\_  
\_\_\_\_\_

Water account number, amount due, & due date \_\_\_\_\_

Total amount due for current month \$ \_\_\_\_\_

13. INCOME OF FAMILY FOR CURRENT MONTH

Earnings of veteran \$ \_\_\_\_\_

Earnings of spouse \$ \_\_\_\_\_

Earnings of others in household \$ \_\_\_\_\_

Veterans compensation \$ \_\_\_\_\_

Veterans pension \$ \_\_\_\_\_

Government insurance \$ \_\_\_\_\_

Other insurance \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Social Security Disability \$ \_\_\_\_\_

Worker's compensation \$ \_\_\_\_\_

Child support \$ \_\_\_\_\_

Other income (specify) \$ \_\_\_\_\_

**Total income for month** \$ \_\_\_\_\_

I wish to make application to the American Legion for financial assistance through the Jack Hodge Veterans Emergency Assistance fund.

\_\_\_\_\_  
(Signature of Veteran)

\_\_\_\_\_  
(Date)

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To Whom It May Concern:

I hereby request and authorize to release any information, from my records to the American Legion Department of Arkansas:

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This information is regarded with confidentiality and is to be used for the processing of applications filed with the American Legion for financial assistance for Arkansas Veterans.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veteran Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature