



The American Legion Department of Arkansas

702 Victory Street – PO Box 3280
Little Rock, AR 72203

The aim of The American Legion is to assist Honorably Discharged Arkansas Veterans with little or no income who qualify for assistance. If eligible, we can assist with rent or house payment and utilities, up to \$500. maximum in a one-year period. This assistance is provided through our Jack Hodge Veterans Emergency Assistance fund.

THE FOLLOWING INFORMATION MUST BE RECEIVED BEFORE ELIGIBILITY CAN BE DETERMINED

1. Completed American Legion Department Arkansas Veterans Child Welfare Service Application.
2. Copy of MILITARY HONORABLE DISCHARGE - (DD214)
3. Copy of driver's license or photo ID
4. Copies of current utility bills – (electric, water and gas bills only) or
5. A current letter or statement from a landlord or mortgage company verifying any past due balance (if applicable) Letter must include name, address, and telephone number where they can be reached.
6. Death Certificate of Deceased Veteran if applicable.
7. Proof that Veteran has custody of all minor age child (ren) in the home, if he or she is divorced or separated.

Since each family's needs are different, each case will be evaluated separately.

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.

APPLICATION VETERANS' EMERGENCY 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. Social Security Number: _____

5. Service Record: Date of enlistment _____ Date of
discharge _____

6. Occupation _____

7. Usual salary or income _____

8. Employed by _____ Last day worked

9. If deceased – Date and cause of death

10. Surviving Spouse's Name: _____

11. Spouse's Current Occupation (if applicable) _____

Salary: _____

Describe your immediate financial needs:

Please note, assistance is in the form of payment directly to the utility company/mortgage company, etc...

I certify that the information presented is factual and true. And I wish to make application to the American Legion for financial assistance through the Jack Hodge Veterans Emergency Assistance fund.

(Signature)

(Date)