

Financial Assistance - Application form



Please complete this form and email it to: treaHQ@trea.org or mail it to:
TREA Serves, 12200 E Briarwood Ave, #250, Centennial CO 80112

Section 1 – Applicant details

Last Name: _____ First Name: _____

Phone Number: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

The following information is required and will be verified against your Form DD-214 (or equivalent)

Are you the Military Member? Yes No Military Members' SSN: _____

What is your relationship to the Military Member? _____

Military Members' Last Name: _____ First Name: _____

Does the Military Member reside in the household that is seeking assistance? Yes No

List the names and ages of everyone who resides in the household:

			employed: Y N	Student: Y N
			employed Y N	Student: Y N
			employed: Y N	Student: Y N
			employed: Y N	Student: Y N

Section 2 – Financial Information - provide documents to support each stated expense

<p>Monthly Income from all sources (verification required) _____</p>	<p>Total Monthly Household Income _____ (A)</p>												
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Names of credit cards _____</td> <td style="width: 20%;">Total amount owed \$ _____</td> <td style="width: 50%;">Total Monthly payments \$ _____ (B)</td> </tr> <tr> <td>Names of personal loans _____</td> <td>Total amount owed \$ _____</td> <td>Total Monthly payments \$ _____ (C)</td> </tr> <tr> <td>Name of Mortgage/Rent Holder _____</td> <td>Total amount owed \$ _____</td> <td>Total Monthly payments \$ _____ (D)</td> </tr> <tr> <td>Name of Car Lien (if applicable) _____</td> <td>Total amount owed \$ _____</td> <td>Total Monthly payments \$ _____ (E)</td> </tr> </table>	Names of credit cards _____	Total amount owed \$ _____	Total Monthly payments \$ _____ (B)	Names of personal loans _____	Total amount owed \$ _____	Total Monthly payments \$ _____ (C)	Name of Mortgage/Rent Holder _____	Total amount owed \$ _____	Total Monthly payments \$ _____ (D)	Name of Car Lien (if applicable) _____	Total amount owed \$ _____	Total Monthly payments \$ _____ (E)	
Names of credit cards _____	Total amount owed \$ _____	Total Monthly payments \$ _____ (B)											
Names of personal loans _____	Total amount owed \$ _____	Total Monthly payments \$ _____ (C)											
Name of Mortgage/Rent Holder _____	Total amount owed \$ _____	Total Monthly payments \$ _____ (D)											
Name of Car Lien (if applicable) _____	Total amount owed \$ _____	Total Monthly payments \$ _____ (E)											

Section 3 – Payment Ability details

What can you currently afford to pay towards your total debt(s)?

Amount \$ _____	Frequency (Weekly/ /Monthly) _____	Date of first payment(s) _____
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How much are you asking for and how will it be used: _____

Initial here _____ Enter twice to go to page 2

Section 4 – Monthly Living expenses - provide documents to support each listed expense

Food/Groceries

\$ _____

Communications –

phone & Internet

\$ _____

Insurance –

property, vehicle, medical, life

\$ _____

Utilities –

Water, Electric, Gas, TV, etc.

\$ _____

Education –

School fees, uniforms

\$ _____

Medical – incl. prescriptions

\$ _____

Transportation –

Bus Fare, Gas, Parking

\$ _____

Childcare –

daycare/child support

\$ _____

TOTAL LIVING EXPENSES

\$ _____ (F)

Section 5 – Monthly Personal Expenses - provide documents to support each listed expense

Personal - Dining out/take away

\$ _____

Personal - Clothing, haircuts, etc.

\$ _____

Personal - Sport & entertainment

\$ _____

Personal – Pets

\$ _____

Personal – Other, please specify

_____, \$ _____

Total Personal Expenses - \$ _____ (G)

Total Expenses (B+C+D+E+F+G)

\$ _____ (H)

Net Position (A minus H)

\$ _____

Reason for hardship (please explain your current circumstances and what actions you are taking to fix the situation:

I certify under perjury of law, that my answers are true and accurate.

Applicant's Signature _____

Date: _____