



# TREA Memorial Foundation Financial Assistance Application

12200 E Briarwood Ave, #250 - Centennial, CO 80112

Print and fill out the entire application. E-mail completed form and documents to: **APPLICATIONS@MEMFDN.ORG** or fax to: 888-882-0835. Each application will be reviewed based upon the information provided by the applicant. The more support you provide, the quicker the process. To be eligible, the service member **MUST** have received an HONORABLE Discharge. ANSWER EACH QUESTION - if a question does not pertain to you, write in 'N/A'. Allow at least 2 weeks for processing. Provide a copy of the DD214 or equivalent, showing character of service. Submit documentation for every expense listed on this application - not just for the expenses you are seeking assistance for.

If the required documentation is not received, your application will be disapproved.

Black out your SSN number on all submitted paperwork.

Because of privacy issues, information on your application CANNOT be provided over the phone. If you want to check on the status of your application, send an e-mail to: [applications@memfdn.org](mailto:applications@memfdn.org) or fax the request to 888-882-0835 and the Foundation Coordinator will contact you either by e-mail or US Postal Mail.

1) Name: Last Name \_\_\_\_\_, First Name \_\_\_\_\_, Middle Initial \_\_\_\_\_

Has the applicant received assistance from TREA before? YES NO (circle one)

Is the applicant a member of TREA? YES NO (circle one)

2) Full Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

3) E-mail Address: \_\_\_\_\_ 4) Phone Number: \_\_\_\_\_

5) Branch of Service of service member:

( ) US Army, ( ) US Navy, ( ) US Marines, ( ) US Coast Guard, ( ) US Air Force

6) If the person in need is not a service member/veteran or if the service member/veteran is deceased, show the relationship of the person(s) who is/was dependent on that veteran/soldier: ( ) Spouse or widow/er, ( ) Child, ( ) Other

(explain): \_\_\_\_\_

7) has the service member/veteran been injured as a result of service, or claiming a disability?: YES NO (circle one) **Supporting documentations required!**

**8)** Explain, in full detail, family information (REQUIRED on Page 3), household income and financial information (REQUIRED on Page 4) and in the space below, why service member/veteran is in need of assistance, what is being done currently, and future plans (REQUIRED) attach additional pages if needed. (Include copies of all bills/cutoffs or eviction notices - REQUIRED) that the service member/veteran needs help with. If this grant is to be used to purchase or repair an item, attach estimates (REQUIRED):

9) List any and all agencies that you have also applied to for funds.

Agency:	Amount	Received:
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Agency:	Amount	Received:
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Agency:	Amount	Received:
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Agency:	Amount	Received:
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Agency:	Amount	Received:
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**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Signature:** \_\_\_\_\_

*Previously approved applicants have received grants to cover eviction notices, utility cut off notices, and car repairs as well as medical and dental bills.*

**Petitioner DOES NOT have to be a TREA member to receive a grant.**

All individual petitions are reviewed on a case by case basis. Submitting a completed petition does not guarantee the receipt of any funds. TREA Memorial Foundation (TMF) Reserves the right to make any decisions based upon Foundation guidelines.



### ADDITIONAL Applicant Information

List ALL person(s) residing in household:

Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

### With what accounts are you Requesting Assistance?

Expense	Amount	Expense	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Enclose bills showing the above.

**AMOUNT REQUESTED: \$ \_\_\_\_\_.**

**What is the CURRENT TOTAL amount of your checking, savings, and investments?**

**Checking: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_ Investments: \$ \_\_\_\_\_**

Applications and supporting documentation maybe mailed, faxed, or emailed to our offices.

TREA National Headquarters

TREA Memorial Foundation

12200 E Briarwood Ave., #250

Centennial, CO 80112

FAX: 303-752-0835 888-882-0835

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Applicant: \_\_\_\_\_

**Monthly Household Income:**

<i>Income Type</i>	<i>Amount</i>	<i>Income Type</i>	<i>Amount</i>
Veteran Primary Job	\$ _____	Food Stamps	\$ _____
Spouse Primary Job	\$ _____	Unemployment	\$ _____
VA Benefits	\$ _____	Childcare Received	\$ _____
Social Security	\$ _____	Spousal Support Recvd.	\$ _____
Disability	\$ _____	Other (ex. 2 <sup>nd</sup> job)	\$ _____
Retirement	\$ _____	Other	\$ _____

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**Monthly Household Expenses: Include documentation for everything listed!**

<i>Expense</i>	<i>Amount</i>	<i>Expense</i>	<i>Amount</i>
Rent/Mortgage	\$ _____	Insurance	\$ _____
Water/Sewage	\$ _____	Food	\$ _____
Electricity	\$ _____	Credit/Charge Cards	\$ _____
Natural Gas	\$ _____	Loans	\$ _____
Phone	\$ _____	Spousal Support Paid	\$ _____
Mobile Phone	\$ _____	2 <sup>nd</sup> Mortgage	\$ _____
Internet	\$ _____	Household Items	\$ _____
Vehicle #1	\$ _____	Savings	\$ _____
Vehicle #2	\$ _____	Other	\$ _____
Childcare Paid	\$ _____	Other	\$ _____

**TOTAL MONTHLY EXPENSES:** \_\_\_\_\_





# TREA Memorial Foundation

## TERMS and CONDITIONS

**Read the following statements carefully and indicate your understanding and acceptance by initialing and signing in the space provided. Failure to initial each item and failure to sign and date this page will lead to your application's immediate disapproval.**

\_\_\_\_\_ I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to award, or if awarded, for repayment of grant in full. FEDERAL FALSE CLAIMS ACT – 31 USC 3729-3733. (Updated August 2010 an incorporating passage of Pub. L. No. 111-203, 124 Stat 1376) 3729. False claims – (a) Liability for certain acts (1) In general. Subject to paragraph (2), any person who – (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; ...is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104-410), plus 3 times the amount of damages which the Government sustains because of the act of that person.

\_\_\_\_\_ I authorize any of the persons or organizations referenced in this application to give The TREA Memorial Foundation any and all information concerning the information I have provided, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

\_\_\_\_\_ I agree to hold TREA, The TREA Memorial Foundation, their officers, employees, agents, sponsors, and subordinate units harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss or perceived loss that may occur.

\_\_\_\_\_ If approved for financial assistance I understand that my name and situation may be used to advertise, solicit, promote veteran's issues and thank donors of the program. I understand that I will be contacted by a TREA Memorial Foundation representative in this event.

\_\_\_\_\_ I understand that I must submit legible copies of original documents only as an entire application and all supporting documents will NOT be returned. Documentation is required for every income source and expense listed on the application.

\_\_\_\_\_ Due to privacy concerns, status check requests must be made by either email or fax. Status checks by phone will be denied and you will be directed to send either email to Applications@TREA.org or fax 888-882-0835. Please include your full name and the date that your application was sent in. We will let you know the status of your application as soon as possible.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

This page IS part of your application. Please keep a copy for your records.