



**TEMPORARY FINANCIAL ASSISTANCE APPLICATION**

**THE AMERICAN LEGION  
AMERICANISM DIVISION**

National HQ Use Only

Case No. \_\_\_\_\_

Date Rec. \_\_\_\_\_

American Legion Department of \_\_\_\_\_

**Please print legibly or type. Instructions located on page 4 of this application.**

**VETERAN**

Full Name \_\_\_\_\_  Father  Mother  Other \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

American Legion Membership ID # \_\_\_\_\_ (Must be current at date of application)

**OR**

Attach a copy of current active duty orders.

Employment Status  Fulltime  Part-time  Laid-off  Worker's Compensation  Unpaid Leave  Not Employed  
**If not employed, the investigation report must explain why and what steps are being taken to secure employment.**

**OTHER PARENT or GUARDIAN**

Full Name \_\_\_\_\_  Father  Mother  Other \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Status  Fulltime  Part-time  Laid-off  Worker's Compensation  Unpaid Leave  Not Employed  
**If not employed, the investigation report must explain why and what steps are being taken to secure employment.**

**CHILDREN**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

List additional children on a separate sheet.

Are both parents living in the home?  Yes  No

If applicable, which parent is absent?  Father  Mother  Other \_\_\_\_\_

Reason  Deceased  Deployed  Divorced  Separated  Other \_\_\_\_\_

Does the child or children reside in the home full-time?  Yes  No

Who has legal custody of the minor child or children? \_\_\_\_\_

**Attach supporting custody documentation if applicable.**

### OTHER ASSISTANCE

In order to be considered for a Temporary Financial Assistance grant, **all other forms of possible assistance must be applied for and exhausted. Failure to completely document this in the following section and attach official supporting documentation will result in delay or denial of the application.**

Source	Date Applied	Status	Amount approved or explanation of ineligibility
Post, Unit, or Squadron		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Assistance for Needy Families		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
VA Disability Pension		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Social Security Disability		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Supplemental Security Income		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Medicaid		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Public Assistance		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Unemployment		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Private Charities		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Food Stamps		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Women, Infants, & Children (WIC)		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Other		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	

### CREDITOR INFORMATION

Most approved checks will be two-party, made payable to the veteran or guardian and the creditor. Please ensure that creditor information is accurate and the name is legible. Only listed creditors in this section will be considered for payment.

Mortgage or Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Utility Company/ Other \_\_\_\_\_ Phone \_\_\_\_\_

Utility Company/ Other \_\_\_\_\_ Phone \_\_\_\_\_

Utility Company/ Other \_\_\_\_\_ Phone \_\_\_\_\_

Utility Company/ Other \_\_\_\_\_ Phone \_\_\_\_\_

**Attach current statements, bills, disconnection/eviction notices, and all other expenses to be considered.**

### FINANCIAL INFORMATION

Include only recurring monthly gross income and expenses. Do not include one-time assistance or accumulative balances on past due expenses. Gross income must include earnings of all persons in the household.

#### Monthly Gross Income

Earnings of Veteran/Guardian \$ \_\_\_\_\_  
Earnings of other Parent \$ \_\_\_\_\_  
Earnings of others \$ \_\_\_\_\_  
VA Pension \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Other monthly income \$ \_\_\_\_\_  
Specify \_\_\_\_\_

#### Monthly Expenses

Shelter \$ \_\_\_\_\_  
Electricity \$ \_\_\_\_\_  
Gas \$ \_\_\_\_\_  
Water/ sewage \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Automobile \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Specify \_\_\_\_\_

**Total Gross Monthly Income** \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

### INVESTIGATOR'S REPORT

The investigator's report must include a detailed description the applicant's situation, steps taken to improve the situation, and follow-up plans of the Post and/or investigator. **Incomplete investigation reports will result in delay or denial of the application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional sheet(s) as needed.

### SIGNATURES

#### Investigator

I certify that I conducted the above investigation and that the applicant has exhausted all other forms of known assistance.

Name & Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Applicant

I, the applicant, certify that the information contained in this application is true and current to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Children & Youth Chairman or Authorized Department Official**

I have thoroughly reviewed this application and recommend the following:  Approval \$ \_\_\_\_\_  Denial

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_

**TEMPORARY FINANCIAL ASSISTANCE (TFA) INSTRUCTIONS AND PROCEDURES**

1. Prior to completing an investigation and application, determine if the minor child is eligible for TFA. The minor child must not be older than 17 or 20 if still enrolled in high school or is physically handicapped. The minor child must be the biological child, stepchild, or in the legal custody of, a qualifying veteran. A qualifying veteran is defined as a member of the United States Armed Forces serving on federal orders current under Title 10 of the United States Code, inclusive of all components, **OR** any veteran possessing an up-to-date membership in The American Legion. Active duty applicants can be considered without being a member of The American Legion. A single onetime non-repayable Temporary Financial Assistance grant of up to \$1,500 will be permitted for the minor child (ren) of a qualifying veteran.
2. Once you have determined that the minor child (ren) is eligible, make an appointment with the family at their residence to complete the application if possible. Secure all official documentation and provide all requested information. Your report must include a detailed description of the family's financial need, steps taken to alleviate the situation, and follow-up plans of the Post and/or Investigator.
3. TFA is strictly for the basic needs of minor children including shelter, utilities, food, clothing, and medical. Medical grants must be approved prior to treatment and must be accompanied by a physician's statement and estimated costs.

**TFA will not pay for Cable, Consumer Debt, Internet Services, Insurance, Taxes, Transportation, Previous Debt, or any expense that does not contribute to the active basic needs of minor children.**

4. The following documents must accompany the TFA application:

- ✓ Current American Legion membership or military orders
- ✓ Birth certificates of children
- ✓ Marriage license
- ✓ Custody documentation and legal name changes
- ✓ All current statements, bills, leases, foreclosures, eviction notices, disconnection notices to be considered.  
**Expenses not documented will not be considered.**

5. Ensure all sections of the application are complete and the appropriate signatures are obtained. Incomplete applications may result in delays or denial.

6. Applications must be sent to your Department Children & Youth Chairman or Headquarters for approval. All applications sent directly to National Headquarters will be returned to the appropriate Department without review or action.

**Before sending a TFA application to the Department C&Y Chairman or Department Headquarters, did you:**

- Determine that the child or children are eligible for TFA?
- Complete all sections of the application and attach all required documents?
- Obtain all required signatures?
- Conduct a complete investigation and ensure that all other forms of assistance have been exhausted?
- Make a copy for your records in case of lost or destroyed applications?

**All communication about submitted applications should be directed to the Department Children & Youth Chairman or Department Headquarters. To protect the privacy of applicants, National Headquarters will not release any information other than to the Department.**