



## BURDZ-I FOUNDATION

*A home for every battle you don't talk about.*

### Program Assistance Application

#### SECTION 1: PERSONAL INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Contact Method:  Phone  Email  Text

#### SECTION 2: APPLICANT STATUS

I am the Veteran / Service Member

I am an Immediate Family Member of a Veteran / Service Member

If Family Member, Relationship:

Spouse  Parent  Child  Sibling  Caregiver  Other: \_\_\_\_\_

**SERVICE MEMBER INFORMATION (If Family Member Applying)**

Service Member Full Name: \_\_\_\_\_

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

Branch of Service: \_\_\_\_\_

Full Rank (Not Abbreviated): \_\_\_\_\_

Current Status:  Active Duty  Retired  Medically Retired  Discharged  Deceased

Type of Discharge: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

VA Disability Rating (if applicable): \_\_\_\_\_

**SECTION 3: PROGRAM REQUEST**

Open Table Emergency Support

Housing Stabilization Support

Real Estate Guidance & Support

Random Act of Kindness Request

Community Partner Referral

Describe the hardship or challenge you are currently facing:

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**SECTION 4: HOUSING STATUS**

Current Living Situation:  Renting  Own Home  Staying with Family/Friends

Temporary Housing  Facing Eviction  Homeless  Other: \_\_\_\_\_

Monthly Rent or Mortgage Amount: \_\_\_\_\_

Are you behind on payments?  Yes  No

If yes, Amount Past Due: \_\_\_\_\_

**SECTION 5: HOUSEHOLD INFORMATION**

Marital Status:  Single  Married  Divorced  Widowed

Spouse Name (if applicable): \_\_\_\_\_

Dependents (Names & Ages): \_\_\_\_\_

\_\_\_\_\_

**SECTION 6: FINANCIAL INFORMATION**

Employment Status:  Full Time  Part Time  Unemployed  Disabled  Retired

Monthly Household Income: \_\_\_\_\_

Primary Financial Hardship:  Job Loss  Medical  Housing  Family Emergency

Other: \_\_\_\_\_

**REQUIRED DOCUMENTATION (If Applicable)**

Photo ID

DD214 (if veteran)

VA Disability Rating Letter (if applicable)

Proof of Relationship (if family member applying)

Lease or Mortgage Statement

Utility Bill

Proof of Income

### **CERTIFICATION**

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Submission of this application does not guarantee assistance and is subject to funding availability and program discretion.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### **SUBMISSION INSTRUCTIONS**

Please complete this application in full and attach all required documentation.

Email the completed application and all supporting documents to:

**support@burdzifoundation.org**

Incomplete applications may delay the review process. A member of the BURDZ-I Foundation team will contact you once your application has been received and reviewed.