Caldwell County Veteran Services

2026 – 2027 Assistance Application

Date:_____

Assistance Requested – Place an X by the type of assistance needed:

Grocery Assistance:☐_____ Rent/Mortgage Assistance:☐_____ Utilities Assistance:☐_____

Fuel:☐_____ Vehicle Repair:☐_____ Misc. Assistance (Describe) :_____

Applicant Information:

Full Name:_____ DOB:_____

Address:_____ Phone:_____

_____ Email:_____

Circle One: ☐ Veteran ☐ Spouse ☐ Other:_____

Veteran/Spouse SSN:_____ Gender:_____

Race:_____ Ethnicity:_____

How many people live in your household?_____

List All Household Members and Ages: (Household members 18 & older MUST provide bank account information):

Primary / Head of Household:_____

Do you live in Caldwell County? ☐ Yes ☐ No

Are you employed Full Time? Part Time? ☐ Yes ☐ No _____

Unemployed short term, less than six months? ☐ Yes ☐ No

Unemployed long term, more than six months? ☐ Yes ☐ No

Are you retired? ☐ Yes ☐ No

Do you have a Checking Account? ☐ Yes ☐ No Account Balance: $_____

Do you have a Savings Account? ☐ Yes ☐ No Account Balance: $_____

Household Member:____

Are you employed Full Time? Part Time? ☐ Yes ☐ No ______________________________

Unemployed short term, less than six months? ☐ Yes ☐ No

Unemployed long term, more than six months? ☐ Yes ☐ No

Are you retired? ☐ Yes ☐ No

Do you have a Checking Account? ☐ Yes ☐ No Account Balance: $__________________

Do you have a Savings Account? ☐ Yes ☐ No Account Balance: $__________________

Household Member:____

Are you employed Full Time? Part Time? ☐ Yes ☐ No ______________________________

Unemployed short term, less than six months? ☐ Yes ☐ No

Unemployed long term, more than six months? ☐ Yes ☐ No

Are you retired? ☐ Yes ☐ No

Do you have a Checking Account? ☐ Yes ☐ No Account Balance: $__________________

Do you have a Savings Account? ☐ Yes ☐ No Account Balance: $__________________

Household Member:____

Are you employed Full Time? Part Time? ☐ Yes ☐ No ______________________________

Unemployed short term, less than six months? ☐ Yes ☐ No

Unemployed long term, more than six months? ☐ Yes ☐ No

Are you retired? ☐ Yes ☐ No

Do you have a Checking Account? ☐ Yes ☐ No Account Balance: $__________________

Do you have a Savings Account? ☐ Yes ☐ No Account Balance: $__________________

Household Member:____

Are you employed Full Time? Part Time? ☐ Yes ☐ No ______________________________

Unemployed short term, less than six months? ☐ Yes ☐ No

Unemployed long term, more than six months? ☐ Yes ☐ No

Are you retired? ☐ Yes ☐ No

Do you have a Checking Account? ☐ Yes ☐ No Account Balance: $_____

Do you have a Savings Account? ☐ Yes ☐ No Account Balance: $_____

Please provide necessary Account Information for the type of assistance you are seeking:

Electric Service Provider:_____ Acct #:_____

Water Service Provider:_____ Acct #:_____

Sewer/Trash Provider:_____ Acct #:_____

Cell Phone Service Provider:_____ Acct #:_____

Natural Gas Provider:_____ Acct #:_____

Propane Gas Provider:_____ Acct #:_____

Rental Property Owner/Landlord:_____

Phone Number:_____ Acct #:_____

Mortgage Holder:_____

Phone Number:_____ Acct #:_____

Vehicle Repair Request (Nature of the Issue):_____

_____

_____

Note: For Rental Assistance, a copy of the Rental Agreement must be provided. For Vehicle Repair, an Invoice from a Licensed Mechanic must be provided.

Grocery Assistance:

Allowable Food Items: SNAP APPROVED ONLY

Check the applicable box and circle the food selections where multiple choices are presented. Please be specific as this will be your groceries list should the grant approve your application.

- ☐ Whole Ham
- ☐ Whole Turkey
- ☐ Whole Chicken
- ☐ Rack Ribs

Raw (Uncooked) Meats

- ☐ Fish (Cod – Catfish – Etc._____
- ☐ Beef (Stew Meat, Ground Beef, Fajita, Sausage)_____
- ☐ Pork (Roast, Chops, Sausage)_____
- ☐ Chicken (Hen, Leg Quarters, Breast)_____

Dairy and Perishable Proteins: *Specify type, kind, or brand.*

- ☐ Milk – Milk Substitute_____
- ☐ Butter – Margarine_____
- ☐ Yogurt_____
- ☐ Ice Cream_____
- ☐ Creamer_____
- ☐ Eggs – Egg Whites_____
- ☐ Luncheon Meats (Ham, Turkey, Beef, Chicken, Bologna)_____
- ☐ Hot Dogs – Bratwurst_____

Frozen Foods: *Specify type, kind, or brand.*

- ☐ Frozen Pizza – Frozen Meals_____
- ☐ Frozen French Fries – Tater Tots_____
- ☐ Frozen Buffalo Wings_____
- ☐ Frozen Fruits and Vegetables_____
- ☐ Other Frozen Foods:_____

_____

Meats and Protein: *Specify type, kind, or brand.*

- ☐ Tofu_____
- ☐ Nuts_____
- ☐ Beans_____
- ☐ Peanut Butter_____

Fruits and Vegetables: *Specify type or kind.*

- ☐ Fresh or Canned Fruit_____

_____

☐ Fresh or Canned Vegetables_____

_____

Breads and Cereals: *Specify type, kind, or brand.*

☐ Biscuits_____
☐ Tortillas_____
☐ Crackers_____
☐ Bread_____
☐ Pasta_____
☐ Rice_____
☐ Cereal_____
☐ Oatmeal_____
☐ Miscellaneous_____

Condiments: *Specify type, kind, or brand.*

☐ Mayonnaise_____
☐ Mustard_____
☐ Ketchup_____
☐ Pickles_____
☐ Spaghetti Sauce_____
☐ Salad Dressing_____
☐ Seasonings_____
☐ Coffee (Instant – Ground – Beans – K-Cup Singles)_____
☐ Miscellaneous_____

_____

Snacks: *Specify kind, type, or brand.*

☐ Chips_____
☐ Popcorn_____
☐ Fruit Snacks_____
☐ Jello_____
☐ Miscellaneous_____

_____

Water: *Specify kind, type, or brand.*

☐ Bottled Water_____
☐ Sparkling Water_____

Other not listed items:

_____
_____
_____
_____

MANDATORY DOCUMENTATION

Note: Not providing this completed documentation will delay or deny the processing of your grant application.

1. Photo ID (Drivers License, Identification Card, or Passport) – Must be Valid (Or expired less than 1 year)
2. Proof of Residency (Drivers License, Identification Card, or Passport) – Must be Valid (Or expired less than 1 year)
3. Military Service – Please provide ONE of the following:
   - Photo ID (Drivers License or Identification Card) with "VETERAN" designation
   - Veteran Identification Card (VIC) or Veteran Health Identification Card (VHIC)
   - DD-214, NGB-22 – Must include Character of Discharge
4. 30 Day Monthly Bank Statements – FULL Statement from ANY Checking/Savings in any beneficiary's name
5. Letter of Need – Brief signed statement as to what assistance you need and why – Signed and Dated

Grant funding is based on household size. The following requested documentation is not mandatory, but does limit the funding per individual. It is HIGHLY encouraged that you provide the following:

1. If you are legally married, we will need all of the above for your spouse, except for Military Information. We will also need a copy of your **Marriage License.**
2. If you have children under the age of 18, we will need a copy of their **Birth Certificates** showing they are the veteran's children, or we will need adoption papers (Stepchildren are included in this grant and will be connected through the spousal information).
3. If your children are over the age of 18, under 23 and IN COLLEGE, we will need ALL of the above information (not Military Information) and the following:
   a) Birth Certificate
   b) Government ID
   c) School ID or Proof of Enrollment

Applicant Authorizations – By signing below, you acknowledge that you have read, understood, and are aware of the following statements.

1. The information provided is true and correct to the best of my knowledge.
2. I understand that I MUST provide a copy of my DD-214, DD-215, or NGB-22.
3. I understand that I MUST provide a copy of my most recent bank statement.
   a. If your application is submitted before the 15th of the month, you may provide the prior month's bank statement in correlation to the application month.
   b. If your application is after the 15th of the month, you must provide the statement for the current application month.
4. I understand that the Discharge Characterization of Service: Honorable, General Under Honorable Conditions, Other Than Honorable Conditions and Uncharacterized shall be used as one of the criteria if this grant funding is awarded.
5. I understand that financial assistance is contingent on a completed application, submission of required documentation, resource eligibility, and available funds.
6. I understand that submitting an application does not guarantee financial assistance can be provided.
7. I understand that completed applications will be worked in the order they are received.
8. I understand that it is the Veteran's or Veteran Spouse's responsibility to provide a completed application. Upon receipt of all required documentation, the application will be treated as being received that day.
9. I understand that in order to receive assistance, my monthly liquid resources cannot exceed $12,500 and my utility statement must be a past due amount or final notice.
10. I further understand that I am subject to prosecution for providing false or fraudulent information on this application.

Release of Information:

_____ *(Initial)* I release information to the Caldwell County Veteran Services Office (CVSO) and its contracted agencies to solicit/verify information including utility billing history needed to provide assistance with my utilities and/or fuel bills both past and present.

_____ *(Initial)* I am an applicant for Caldwell County Veteran Services Utility Assistance Program. I hereby give permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I also understand that a photocopy of this release form is valid as the original and may be used to obtain more information and verify other data as needed.

Veteran/Veteran Spouse:_____ Signature:_____

Date:

This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families. For more information, visit www.tvc.texas.gov.