



# VETERAN- GENERAL APPLICATION

## FOR ASSISTANCE

To qualify you must be Honorably or Generally Discharged from the US Military, and purchase a home valued at \$500,000 or less, which will be your sole and primary residence. You agree to own it for a minimum of 3 years. The program awards up to 1% of the purchase price for approved out-of-pocket expenses incurred at closing. Let us know if you need a referral to a Veteran-friendly realtor. Attach all supporting documentation and send to [heroeswelcomehome@gmail.com](mailto:heroeswelcomehome@gmail.com) or mail to: Heroes Welcome Home 8235 Blaikie Court, Sarasota, FL 34240 Call 941-448-8651 with any questions. Thank you!

**GENERAL INFORMATION:** Date of application: \_\_\_\_\_ \* Optional for statistical purposes only

**Applicant #1:** \_\_\_\_\_ DOB \_\_\_\_\_ \*Ethnicity \_\_\_\_\_

Employer or source of income: \_\_\_\_\_

**Applicant #2:** \_\_\_\_\_ DOB \_\_\_\_\_ \*Ethnicity \_\_\_\_\_

Employer or source of income: \_\_\_\_\_

**Current Address:** \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Phone Name #1:** \_\_\_\_\_ **Email Name # 1:** \_\_\_\_\_

**Phone Name #2:** \_\_\_\_\_ **Email Name #2:** \_\_\_\_\_

**Total Annual Household income:** \$ \_\_\_\_\_

**# of children living with you?** \_\_\_\_\_ **County of Residence** \_\_\_\_\_

**Current living status:**  Own home  Rent  Homeless Other \_\_\_\_\_ **Length of time:** \_\_\_\_\_

**MILITARY STATUS:** Please submit proof of Military status with this application.

**Applicant #1:**  Veteran Branch of Military: \_\_\_\_\_

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

Military Citations: \_\_\_\_\_

Location of Deployment: \_\_\_\_\_

**Applicant #2:**  Veteran Branch of Military: \_\_\_\_\_

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

Military Citations: \_\_\_\_\_

Location of Deployment: \_\_\_\_\_

**Are you first-time home buyers?**  Yes  No **Are you using a VA Loan?**  Yes  No

**Have you found a home to purchase?**  Yes  No **Is it under contract?**  Yes  No

**Without assistance would you be able to purchase this home?**  Yes  No

**Have you already been pre-approved for a loan?**  Yes  No **Approval amount:**

\$ \_\_\_\_\_ **If no, have you submitted an application?**  Yes  No

**Purchases Price of home** \$ \_\_\_\_\_ **What is the closing date?** \_\_\_\_\_



## RENTAL AND UTILITY DEPOSIT ASSISTANCE - SUPPLEMENT

Please include this completed and signed Supplement along with the General Application, and other requested attachments when submitting paperwork to Heroes Welcome Home. To qualify you must be a Honorably or Generally discharged Veteran from the US Military. This award is for rental and utility deposits and will be paid directly to the Landlord and Utility Company.

**Applicants:** Name #1: \_\_\_\_\_ Name #2: \_\_\_\_\_

What organization are you working with? \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount of rental deposit: \$\_\_\_\_\_ Are you able to pay anything toward deposit?  Yes  No How much? \$\_\_\_\_\_

**Name of Landlord:** \_\_\_\_\_ **Name of Apartments:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Name of Utility Company:** \_\_\_\_\_ **Amt of Deposit:** \$\_\_\_\_\_

Please describe any special considerations and why you need financial assistance in paying for deposits.

By signing below, you give Heroes Welcome Home permission to discuss this application with the following:

Significant Other/Spouse listed on this form  Referral organization/VA  Landlord  Other (list below)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

By signing below, I agree to cooperate with Heroes Welcome Home in this process. I understand that when I move from the property, the deposit will be returned to Heroes Welcome Home so that another Veteran can be helped. I agree to make every effort to make sure the deposit is returned.

If I need deposit assistance again, and I have fulfilled this obligation, I may reapply for assistance with HWH.

I agree to provide a testimony and will allow photos to be taken for HWH to be used for marketing purpose.

I agree to provide an anonymous testimony.

By signing this application, you hereby agree to the program terms and consent to be considered for a financial/service award program. Additionally, you are granting HWH permission to publish photographs taken for promotional purposes, which will remain the sole property of Heroes Welcome Home.

**Name #1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature

**Name #2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature

Office use only:  DD214  Approved  Denied Reason: \_\_\_\_\_

Funds sent to Landlord Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Check # \_\_\_\_\_

Funds sent for Utilities: Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Check # \_\_\_\_\_

Rental deposit check returned to HWH when tenant moved  Utility check returned to HWH