



## **Instructions for Completing The Heroes' Fund Grant Application**

**Before applying to The Heroes' Fund for consideration of a grant, you must have attempted to get help from your county's Veterans Service Commission.**

### **Instructions for the Application**

- Complete all information on the application to the best of your ability.
- Include all required documentation with your application.
- Include as much financial documentation as you can with your application.
- Sign the release from your county's Veterans Service Commission.

The more financial information you submit with your application (copies of income statements, expenses, debts, etc.) the easier it will be to expedite your application.

### **Veterans Service Commissions**

Butler County Veteran Service: 513-887-3600 <http://www.bcvets.org/>

Hamilton County Veteran Service: 513-946-3300 <http://www.hcvsc.org/>

Warren County Veteran Service: 513-695-1363 <http://www.warrencountyveterans.com/>



### Grant Application

Name _____	Rank _____	SSN/Service Number _____
DOB _____		
Address _____	Military Status _____	
_____	Military Service Dates _____	
_____	Combat Area _____	
E-Mail Address _____	Branch of Military _____	
Phone Number _____	Cell Phone Number _____	
<b>Required:</b> List Company, Dates Deployed, and Location of Combat Zone		
_____		
_____		

Employer's Company Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Marital Status: Circle one    S   M   D   W

Spouse's Name _____	Cell Number _____
Employer _____	Phone Number _____
Address _____	E-Mail _____
_____	DOB _____
_____	

Dependents – Name and DOB for each

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Household Residents – Name and DOB for each not listed above

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no spouse or children, list next of kin: \_\_\_\_\_

Current Monthly Income (please list each source) \_\_\_\_\_  
Yours \_\_\_\_\_  
Spouse's \_\_\_\_\_  
Other \_\_\_\_\_

Current Monthly Expenses (please list each source) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What assistance are you requesting and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you are requesting help for specific bills please attach a copy of those bills)

Have you contacted other organizations for assistance? \_\_\_\_\_  
If so, which ones and how much help was received? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any Governmental or VA agencies that supply any of the requested assistance? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever received funding from The Heroes' Fund? Yes \_\_\_\_\_ No \_\_\_\_\_

**Required: Please attach a copy of each of the following:**

**Legible copy of DD214, Last 3 Pay Stubs, Current Driver's License or State Issued Identification**

**All applicants are required to request assistance from the Veteran Service Commission in their county of residence before applying to The Heroes' Fund for assistance.**

The Heroes' Fund, held at Caring Like Angels & Heroes, was established to provide **one-time financial support** to combat-zone veterans; active duty military serving in a combat zone; or the immediate family of the above who are facing financial hardship through no fault of their own. Applicant must live in Butler, Hamilton, or Warren County, Ohio. All grants from this fund are made at the discretion and recommendation of the Heroes' Fund Advisory Board with the final approval by the Board of Directors of Caring Like Angels & Heroes. Each application will be considered on a case-by-case basis.

By signing below, I declare that I have read and reviewed the foregoing application with supporting documentation and that they are true and correct to the best of my knowledge, information, and belief. All relevant financial information and any pending legal activity have been fully and accurately disclosed. I understand any information not disclosed and later discovered by the Heroes' Fund could result in the application being denied.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications and all requested materials should be either mailed or scanned and emailed to contact address/email below:

Caring Like Angels & Heroes  
Attn: Heroes' Fund  
9078 Union Centre Blvd. Suite 350  
West Chester, OH 45069  
PH: 513-785-0687

Email: [HeroesFund@CaringLikeAngelsAndHeroes.com](mailto:HeroesFund@CaringLikeAngelsAndHeroes.com)



**BUTLER AND WARREN COUNTIES VETERAN'S SERVICE COMMISSION**  
**RELEASE OF INFORMATION**

The undersigned hereby certifies that he/she has applied to the (Butler & Warren) County Veteran's Service Commission for relief prior to submitting the current application to the Heroes' Fund for assistance.

The undersigned also consents to allowing the (Butler, Hamilton, Warren) County Veteran's Service Commission to release all information on current, recent, and past requests for and/or aid given to the applicant by the Veteran's Service Commission.

Applicant Information

Signed: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_

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

*Caring Like Angels & Heroes*  
*Attn: The Heroes' Fund*  
*9078 Union Centre Blvd. Suite 350*  
*West Chester, OH 45069*  
*(P) 513-785-0687 [www.caringlikeangelsandheroes.com](http://www.caringlikeangelsandheroes.com)*

**HAMILTON COUNTY VETERANS SERVICE COMMISSION**

**RELEASE OF INFORMATION FORM**

HEROES' FUND (hereinafter the "Requester") hereby requests the release of information for the undersigned. The Requester specifically requests the release of all information on current, recent, and past requests for and/or aid given to the undersigned by the Hamilton County Veterans Service Commission.

The intended use of the information requested is to determine whether HEROES' FUND can provide financial assistance to applicants who have been found ineligible by the Hamilton County Veterans Service Commission.

Date of request: \_\_\_\_\_

The undersigned further certifies that he/she has applied to the Hamilton County Veterans Service Commission for relief prior to submitting the current application to the HEROES' FUND for assistance.

Signed: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_

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