

The Pennsylvania American Legion's  
**HOUSING FOR HOMELESS VETERANS CORPORATION**  
**GRANT APPLICATION**

"We Improve Lives"



DATE: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME OF APPLICANT: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

\*Provide a copy of the marriage certificate and any alimony payments

CHILDREN: (List first names only and ages of any children under 18 or 26 if in school)

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

**MILITARY INFORMATION**

TYPE OF MILITARY DISCHARGE: \_\_\_\_\_

LIST YEARS OF MILITARY SERVICE: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

**EMPLOYMENT HISTORY:** (List dates, position and company)

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INCOME: \_\_\_\_\_

RECEIVING VA DISABILITY: \_\_\_ YES or \_\_\_ NO PERCENTAGE AMT: \_\_\_\_\_%

**CREDITOR INFORMATION**

MORTGAGE/LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE NO. \_\_\_\_\_

UTILITY COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE NO. \_\_\_\_\_

**GRANT INFORMATION**

PURPOSE FOR GRANT: \_\_\_\_\_

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**AMOUNT REQUESTED:** (List creditor and amount owed)

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PLEASE INCLUDE THE FOLLOWING DOCUMENTS AS APPLICABLE:

- DD 214
- BIRTH CERTIFICATE FOR CHILDREN
- MARRIAGE CERTIFICATE
- DEATH CERTIFICATE
- COPY OF ALL BILLS REQUESTING TO BE PAID

VERIFIED (initial): \_\_\_\_\_

**RETURN COMPLETED GRANT APPLICATION WITH DOCUMENTATION TO:**

**Pennsylvania American Legion  
Attn: Homeless Grant Application  
P.O. Box 2324  
Harrisburg, PA 17105**