

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

"We Improve Lives"



**\*Required Information**

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

COMPLETED/FILED BY: \_\_\_\_\_

\*HAVE YOU EVER APPLIED FOR THIS GRANT BEFORE: YES NO (Please circle one)

\*IF SO, WHEN: \_\_\_\_\_

**PERSONAL INFORMATION**

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

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

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

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

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

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

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

**MILITARY INFORMATION**

\*BRANCH OF SERVICE: \_\_\_\_\_ \*YEARS OF MILITARY SERVICE: \_\_\_\_\_

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

**MILITARY INFORMATION (CONT'D)**

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

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

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**\*TOTAL MONTHLY INCOME:** \_\_\_\_\_

**\*SOURCE OF INCOME:** \_\_\_\_\_

**\*CREDITOR INFORMATION**

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

\*TELEPHONE: \_\_\_\_\_

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

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\*UTILITIES: \_\_\_\_\_ \*TELEPHONE: \_\_\_\_\_

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

**\*GRANT INFORMATION – Reason for assistance.**

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**\*AMOUNT REQUESTED FOR GRANT:** \_\_\_\_\_

**\*CREDITOR INFORMATION (If needed)**

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**PLEASE INCLUDE THE FOLLOWING DOCUMENTS THAT SUPPORTS YOUR REQUEST:**

- DD 214
- BIRTH CERTIFICATE FOR CHILDREN
- MARRIAGE CERTIFICATE      DEATH CERTIFICATE
- COPY OF LEASE ON LETTER HEAD STATING AMOUNT OF RENT DUE  
    (Please do not send the entire lease agreement. Send the first 3 – 5 pages.)
- COPY OF MORTGAGE ON LETTER HEAD STATING AMOUNT DUE
- COPY OF ALL BILLS REQUESTING TO BE PAID
- COPY OF EVICTION NOTICES/SHUT OFF NOTICES
- PROOF OF INCOME

Mail, fax or email completed form and required documents to:

American Legion HQ Office  
800 N Front St  
Wormleysburg, PA 17043  
(877) 720-8387 – Phone  
(717) 763-1648 – Fax  
[stephanie@pa-legion.com](mailto:stephanie@pa-legion.com)

**PLEASE BE ADVISED, THIS IS A ONE TIME ONLY GRANT**