



Financial Support Application

- **Must have served in the U.S. Military.**
- **Assistance may take up to 4 weeks. Cases are reviewed in the order that they are received.**
- Most include copy of state issued ID (state ID or driver's license).
- Must include legible and valid copy of your DD214.
- If applicable, include VA documentation of injuries and disability rating.
 - A military Point-of-Contact including phone number and email address is required if applicable. This person should be a VA case worker or mental/physical health counselor who understands your history and current situation, and has your written consent to discuss your case.
- Include copies of bills in which you are requesting assistance and other related documents.
- Applications will be accepted via email or scanned. No cell phone pictures of documents will be accepted.
- The entire application must be complete for the application to be reviewed.

***Altering or falsifying documentation is a felony.**

Legal Name of Veteran Applicant: _____

Address: _____
(Street Address, including Apartment Number, if applicable) (City, State, Zip Code)

Phone (with Area Code): _____ **Email:** _____

Date of Birth: ___/___/___ **Ethnic Origin:** _____

Are you employed? Yes No

If yes, where and what is your current position? _____

Marital Status: Single Married Divorced Separated **Spouse's Name:** _____

Is spouse employed? Yes No **Do you have children?** Yes No

If yes, how many? _____

Branch of Service: US Army USN USAF USMC USCG **Rank:** _____

Began active duty date ___/___/___ **Ended active duty date** ___/___/___

What military campaign did you serve in and where? _____

After serving in the above campaign(s), which of the following applies?

- I am not injured.
- I am service connected and currently rated at _____%
- I am currently being evaluated/re-evaluated for service connection rating.
- I have a permanent disability.
- I have been rated unemployable.
- I am currently undergoing a rehabilitation or recuperation program.

If applicable briefly list the injuries incurred during your time in service:

Does veteran require a caregiver? Yes No **Caregiver's Name** _____

Have you received financial assistance from any other organizations? If so, please list sources and amount of aid. _____

Point of Contact Information

Military/VA Case Worker/Mental or Physical Health Counselor Point of Contact:

Name: _____ Title: _____

Telephone: _____ Email: _____

Verification and release of all case information must be provided in order to process application.

Financial Record

MONTHLY INCOME

LES-Separation Leave of Earnings Statement	
Veterans Compensations/ Pension from VA	
Social Security Benefits	
Food Stamps/ State Aide	
Work Income	
Child Support	
Unemployment	
Earnings of Spouse	
Loans/ GI Bill	
Caregivers Pay	
Additional Income	
Total	

Monthly Needs

Mortgage/Rent	
Car Payment	
Car Insurance	
Child Care	
Utilities	
Phone	
Other	
Total	



Goals and Objective

What are you requesting help with? Please list the most critical needs in order of importance.

How will your situation be financially improved in 3-6 months assuming S.O.S. Freedom, Inc. gives you financial assistance?

I certify the above information to be true and correct. I authorize verification/release of the information that I am providing on this application. Disclosure of information on this form is voluntary. Failure to provide the requested information, however, will prohibit the processing of this application. In accordance with applicable laws, S.O.S. Freedom, Inc. will maintain confidentiality regarding the application and any aid given or denied except as required to process this or subsequent applications, or as otherwise required by law.

Signature of Applicant Recipient – Required (Must be signed not printer or typed)

Date – Required

If application is submitted on behalf of the intended recipient, the representative should complete the following additional information:

Name of Representative: _____ Relationship: _____

Address of Representative: _____
(Street Address & Apt. # - City, State, Zip Code)

(Telephone Number)

(E-Mail Address)

Signature of Representative – (Must be signed not printed or typed)

Date – Required

How to submit applications:

Scan and Email: freedomrun@essencepilates.com ***Pictures of application and documents taken from a phone are not acceptable.**

Mail to: S.O.S. Freedom, Inc. / 849 Waukegan Rd. / Deerfield, IL 60015

If you have any questions, please call the S.O.S. Freedom, Inc. mail office at (847) 457-4756