



*We Help Veterans & Families
Find More Peace in Their Life*

Revised: 3/17/25

Funding Criteria for Appliance Repair/Replacement

Date: _____

Name of Veteran needing Repair/Replacement: _____

Appliance information (Year/Make/Model): _____

Describe the work that needs to be done: _____

What prompted the need for the repair? (Accident, lack of maintenance, etc.)

Who else has been contacted for assistance and what was the outcome (other agencies)?

How much money is needed? _____

Date amount is needed: _____

Three estimates are required: **Must include letterhead/invoice with contact information for the business.**



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Did you ask for a Veteran's discount? Yes, _____ No _____

If yes, how much discount? _____

1. From: _____ Amount? _____

2. From: _____ Amount? _____

3. From: _____ Amount? _____

Review estimates and contact vendor/vendors if wide range in cost comparison.

What is the "out of door" cost? _____

Do vendors accept multiple payments from multiple organizations? Yes, _____ No _____

Preferred method of payment (check or credit card)? _____

Is Veteran employed? Yes, _____ No _____

If yes, where employed? _____

Supervisor name: _____

Phone number: _____

If no, please explain: _____

How many hours a week? _____ Monthly income? _____

Does the veteran collect overtime? Yes, _____ No _____

If yes, how much is the average amount? _____



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Does Veteran have other sources of income:

VA benefits? Yes, _____ No _____

If yes, what is their monthly income? _____

Social Security? Yes, _____ No _____

If yes, what is their monthly income? _____

Social Security Disability? Yes, _____ No _____

If yes, what is their monthly income? _____

Spouse Employed? Yes, _____ No _____

If yes, what is their monthly income? _____

List all other household income and their sources:

Is Veteran otherwise self-sustaining for monthly expenses? Yes, _____ No _____

Do you have personal funds to offset the amount requested? Yes, _____ No _____
If yes, how much? _____



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Are you supporting any dependents? Yes, _____ No _____

If yes, please list members and ages: _____

Details of your monthly household expenses. Remember to include expenses, such as, groceries, insurance, phone bill etc.

To be considered for assistance, Qualified Listeners will need the following in addition to this completed form, copy of Honorably Discharged DD214, and photo ID:

We will verify the information you provide.

No action will be taken on your request until all questions are answered and all supporting documentation is received.

Person completing this form:

Name (please print)

Signature