



# SAVCO Veteran Assistance Fund Application

Please return application and supporting documents to [don.hallford@savco.org](mailto:don.hallford@savco.org) or SAVCO P.O. Box 3733, Sedona, AZ 86340  
Contact Don Hallford, phone 385 333-6544 with any questions

The SAVCO Veteran Assistance Fund provides a one-time gift of up to \$500 to veterans or widows/widowers of veterans who reside in Sedona, VOC, or the Sedona Fire District in need of short-term financial assistance owing to unexpected or extraordinary circumstances. Maximum amounts may be exceeded due only to urgency of the need and with the unanimous approval of the committee and the SAVCO Board. Payments will be made to pay specific bills and not paid directly to the applicant.

This form must be completed and submitted explaining the need for assistance. All information is subject to verification and will be held confidentially. A copy of the **applicant's DD214 must be submitted** with the application along with **documentation showing who the payment is to be made out to and the amount owed**. Prior to final approval SAVCO may ask for further financial statements as required.

## Applicant Information

Applicant's Name \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone \_\_\_\_\_ Email \_\_\_\_\_

Own Home       Rent       Care Facility       Homeless

Date of Birth \_\_\_\_\_

Marital Statuses     Single       Married       Separated       Divorced       Widowed

Spouse's Name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary/Wage: \$ \_\_\_\_\_

## Description of Need

Attach a separate sheet if needed for the following questions.

Purpose for which you are requesting aid. Please be specific, attach documentation showing who payments are to be made out to, amount of funding needed and contact information.

One request for an additional award may be granted by the committee. For all renewals, the applicant follows the same procedure required for the original application. Renewals are evaluated on their own merits.

If a renewal request, explain what you have done to improve your situation since the original gift was granted.

Please provide any additional information that is relevant to your request for funds.

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

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

SAVCO Verified DD214 \_\_\_\_\_ Date: \_\_\_\_\_