



# BROKEN ARROW

## VETERAN ASSISTANCE APPLICATION



1. Veterans Full Name: \_\_\_\_\_ 2. Social Security #: \_\_\_\_\_  
 3. Branch of service: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ 5. Gender: Male Female  
 6. Are you Service Connected: Yes No 7. Total VA Disability %: \_\_\_\_\_ 8. Veteran Agency: \_\_\_\_\_

9. Applicants Name: \_\_\_\_\_  
 10. Relationship to Veteran: \_\_\_\_\_ 11. Date of Birth \_\_\_\_\_  
 12. Home Phone #: \_\_\_\_\_ 13. Cell Phone # \_\_\_\_\_  
 14. Mailing Address: \_\_\_\_\_  
 15. Physical Address: \_\_\_\_\_ 16. Do you reside in Hidalgo County Yes  
or  
No  
 17. Email Address: \_\_\_\_\_

18. Assistance you are applying for:  
 RENT/MORTGAGE  FUNERAL EXPENSES  ADULT / CHILD CARE  
 EMERGENCY VEHICLE REPAIRS  UTILITY ASSISTANCE

19. Name	Sex	Date of Birth	Age	Veteran	Student	Disabled	Relationship to Veteran
	M or F	MM/DD/YY		Y or N	Y or N	Y or N	

20. Total # of Household Members: \_\_\_\_\_ 21. Veterans: Are you currently employed? Yes No If Yes, Where?

### APPLICANT'S CERTIFICATION OF UNDERSTANDING AND AGREEMENT

- As a participant, I authorize Hidalgo County Veteran Services to request, obtain, and/or view all information concerning assistance requested. Information includes but is not limited to charges owed, status of services rendered, and confirmation of completion of services assisted.
- My answers to all the previous questions, the statements I have made and the information I have provided are true and correct to the best of my knowledge and belief.
- I am aware that the funds will be paid directly to the vendor and no funds will be given to the applicant
- I give permission to forward information on my application to other community agencies for additional services to aid my household. I understand all information will be safeguarded by all parties involved in the collection of data and hereby release, hold harmless, and indemnify all parties from any liability, claim, demand, cause of actions, damages or expenses resulting from and release of information by all agents.
- I am aware that I am subject to prosecution for providing false or fraudulent information or for omitting information that may affect my eligibility for benefits. Whoever obtains or attempts to obtain services for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and, upon conviction, may be fined and or imprisoned.

x

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness  
(if signed with an "X")

\_\_\_\_\_  
Date

x

\_\_\_\_\_  
Signature of Individual Helping fill out application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer

This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance  
The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families.

# Broken Arrow

## Application Checklist

Assistance is available for Hidalgo County Resident only

1. Veterans Please provide **ONE** of the following to verify US Military service

- DD 214
- NGA-22 National Guard Separation & Record of Service
- NA Form 13038, Certificate of Military Service
- VA Letter with Disability% and Character of service
- E-benefits summary with Character of Service
- Honorable Discharge Certificate

2. **Surviving Spouses** please provide the following

- Marriage Certificate
- Death Certificate
- Discharge Paperwork

3. Provide the following if for: ( Bills must be under veteran names or spouses name)

**Rent/Mortgage** Not to exceed \$1000.00

\_\_\_\_\_ Late or current bill with itemized items

**Emergency Vehicle Repairs** Not to exceed \$500.00

\_\_\_\_\_ Quote from vehicle shop reflecting the work needed

\_\_\_\_\_ Registration of vehicle (Registration must be under veterans or spouses name)

\_\_\_\_\_ Proof of Vehicle insurance

**Funeral Expenses** Not to exceed \$1000.00

\_\_\_\_\_ Itemized bill not fully paid

\_\_\_\_\_ Death Certificate

**Utility Assistance ( This Assistance is only available to **Surviving spouses** )** Not to exceed \$500.00

\_\_\_\_\_ Late Current Bill

**Adult Care** Not to exceed \$1000.00

\_\_\_\_\_ Bill or quote for services

Submit application to one of the following Email:

[Brokenarrow@co.hidalgo.tx.us](mailto:Brokenarrow@co.hidalgo.tx.us)

Fax: (956)-318-2439

Drop off 10213 N 10<sup>th</sup> St Suite B Mcallen Tx 78504