# Veterans Group United, Inc. (VGU)

## General Assistance Application Form

The General Assistance Program (GAP) provides flexible support to veterans and their families for essential needs not covered under other VGU programs. Please complete this form and include all required documentation to ensure timely processing.

### Applicant Information

| | |
|---|---|
| Full Name: | Date of Birth: |
| Address: | |
| City/State/ZIP: | |
| Phone Number: | Email: |
| Veteran Status (Veteran/Spouse/Dependent): | |
| Branch of Service: | Years of Service: |

### Requested Assistance

Please describe the type of assistance you are requesting and how it will help improve your situation. Include as much detail as possible (e.g., vendor information, purpose, and amount needed).

_____

_____

_____

_____

_____

### Financial Information

| | |
|---|---|
| Monthly Income (Veteran): | Monthly Income (Household): |
| Current Employer or Income Source: | |
| Current Monthly Expenses (approx.): | |
| Amount of Assistance Requested: | |

**Contact:**
Veterans Group United, Inc. (VGU)
■ (863) 412-2477 | ■ TravisEsposito@veteransgroupunited.org
■ www.veteransgroupunited.org

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### Required Attachments

☐ Proof of veteran status (DD-214, VA ID, etc.)

☐ Documentation of hardship (bills, estimates, or invoices)

☐ Any additional documents supporting this request

### Applicant Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge. I authorize Veterans Group United, Inc. (VGU) to verify the information provided and contact relevant parties for confirmation. I understand that submission of this form does not guarantee approval of assistance.

Applicant Signature: _____ Date: _____

### For VGU Internal Use Only

| | |
|---|---|
| Reviewed By: | Date: |
| Decision: ☐Approved ☐Denied ☐Hold for Info | Amount Approved: |
| Payment Method: | Check # / Reference: |
| Notes: | |

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