

# VETERAN IN NEED

## ASSISTANCE APPLICATION

### INTRODUCTION

Fill out the form below, using additional sheets, if necessary. Return the completed form to Lonesome Dove Equestrian Center. Fields in red are required.

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### APPLICANT INFORMATION

DATE:

LAST NAME:

FIRST NAME:

EMAIL:

PHONE NUMBER:

STREET ADDRESS:

CITY:

STATE:

ZIP:

### APPLICANT MILITARY INFORMATION

SSN OR MILITARY ID:

BRANCH OF SERVICE:

CURRENTLY ACTIVE: YES

NO

SERVICE START DATE

SERVICE END DATE

IS DD214 AVAILABLE? YES

NO

IS APPLICANT ON DISABILITY? YES

NO

IF YES, WHAT PERCENTAGE?

IF YES, WHAT AMOUNT?

IS THE APPLICANT RECEIVING ASSISTANCE FROM OTHERS? YES

NO

IF YES, FROM WHOM AND HOW MUCH?

## REQUEST INFORMATION

REASON FOR REQUEST:

AMOUNT REQUESTING:

VENDOR 1 NAME:

VENDOR 1 ADDRESS:

VENDOR 2 NAME:

VENDOR 2 ADDRESS:

Use additional sheets to list more vendors, if necessary.

This section to be filled out by LDEC only.

# LDEC Board Review

DATE SUBMITTED:

DATE REVIEWED:

COMMITTEE  
RECOMMENDATIONS:

DATE OF LDEC REVIEW:

BOARD RECOMMENDATIONS:

APPROVED: YES  
NO

DATE OF  
DECISION:

DATE OF FINANCIAL  
ASSISTANCE:

CHECK(S) ISSUED TO: