



First Name:

Last Name:

Email Address:

Phone Number:

Address:

City:

State:

ZIP:

Years Served:

Where Served:

Disability level if applicable:

Dependents if so ages:

Currently Employed:

Annual Household Income:

Can you partially fund the repairs:

Reason for requesting assistance:

How is the issue affecting your life/wellbeing:

**AUTHORIZATIONS**

I represent that the information in this application is true, complete and accurate to the best of my knowledge. I understand that any misrepresentation or inaccurate information will result in my application no longer being considered for assistance with Drake Family Foundation for Veterans.

I understand that by filling out this application it does not guarantee that my application will be approved by Drake Family Foundation for Veterans.

I hereby authorize Drake Family Foundation for Veterans to verify all above information to confirm that it is accurate and understand that Drake Family Foundation for Veterans may require proof of Annual House Hold Income, Disability level is applicable, copy of discharge papers and a walk through of the home to confirm repairs that are being requested.

Drake Family Foundation for Veterans has set the below table of what we would like to see the homeowner cover for the requested repairs

based on Annual Household Income. We understand that this may not be possible and will address the % amount at the time we review the application and situation.

<b>\$0.00-\$20,000 Annual</b>	<b>0%-10% of repairs</b>
<b>\$20,000-\$30,000 Annual</b>	<b>10%-20% of repairs</b>
<b>\$30,000-\$40,000 Annual</b>	<b>20%-30% of repairs</b>
<b>\$40,000-\$50,000 Annual</b>	<b>30%-40% of repairs</b>
<b>\$50,000-\$60,000 Annual</b>	<b>40%-50% of repairs</b>
<b>\$60,000+ Annual</b>	<b>50%-70% of repairs</b>