

## **Improving Economic Security by Strengthening the Veteran's Job Readiness.**

A principal element of job readiness and economic security is obtaining the necessary training. Unemployed and under-employed veterans need training to safeguard their economic security, and there are an abundance of training opportunities available; however, more than training is needed to truly be job-ready.

This program will support the veteran's pursuit of opportunities to improve their economic standing by ensuring they have the material support to be successful at the employment they have trained for, or are training for.

This is an income-based financial assistance program. (See FY 2022 [Income Limits Summary](#))

A completed financial assistance application and proof of income and eligibility must be submitted in order for us to consider a financial need request for full or partial financial assistance.

Additionally, a sponsor is required

Every reasonable effort will be made to process your application promptly. Once your application has been approved, you will receive a letter confirming the outcome. Completed applications may be uploaded on the website along with the required supporting documentation. If you have any questions, please contact us at [office@chrysalisveteransvc.org](mailto:office@chrysalisveteransvc.org).

### **DECLARATION**

I hereby declare that all the information provided in this form is true, correct and accurate to the best of my knowledge. I understand and acknowledge that if any of the information provided in this form is false or inaccurate, I will be liable to repay in full any subsidy and/or financial assistance granted inclusive of all administrative expenses, and may face criminal prosecution.

*NAME*

*DATE*

*SIGNATURE*

## APPLICATION - EMPLOYMENT DEVELOPMENT GRANT

Name:

First

Middle

Last

Address:

Street Address

City/State/Zip

Phone:

Message Phone:

Email:

Social Security Number:

Date of Birth:

Driver's License Number:

Issuing State:

Beginning with yourself, list all persons who are living in the dwelling and the relationship of each person to the Head of Household. You **MUST** use the correct legal name of each member as it appears on their social security card. Use additional sheet of paper if needed.

Household Members' Full Name	Relation to Head of Household	Birth Date	Age	Disabled	
				Yes	No
	HEAD				

Race of Head of Household Only: (check one – used for statistical purposes only) *OPTIONAL*

White

Black/

African American

American Indian/  
Native American

Asian

Pacific Islander/Hawaiian

AND Ethnicity of Head of Household: (Must check one)

Non- Hispanic/Latino

Hispanic/Latino

### Applicant Employment Status

Does any Member of your Household work?

**NO**

**YES**

Full-Time

Part-Time

Seasonally (Check One)

Which Family Member?

Which Family Member?

Employer:

Employer:

Address:

Address:

Phone:

Phone:

## Applicant Income Information

What is your total monthly income? \$

If you are not working, how long have you been unemployed?

**NO**      **YES**      Do you receive wages through a government program ex:  
AmeriCorps, MAOF, Senior Aides? If yes, program name:

**NO**      **YES**      Do you receive or expect to receive unemployment  
benefits? \$

**NO**      **YES**      Do you receive or expect to receive adoption subsidy  
or foster subsidy? \$

**NO**      **YES**      Do you receive or expect to receive child support?  
State & Case #: \$

**NO**      **YES**      Do you receive or expect to receive alimony?  
State & Case #: \$

**NO**      **YES**      Do you receive or expect to receive Public Assistance  
(TANF and/or Other)? \$

**NO**      **YES**      Do you receive or expect to receive Social Security or  
SSI or Disability Benefits? \$

**NO**      **YES**      Do you receive or expect to receive payments from a  
pension, annuity, or trust fund? \$

Name of Provider or Institution:

**NO**      **YES**      Do you currently receive any Military pay?      *Monthly* \$

**NO**      **YES**      Does any person or agencies outside the household help pay for phone or  
utility bills, buy groceries for you, etc.? If yes, please explain:

**NO**      **YES**      Does any member of the household receive any income or  
contribution not listed above? From whom?

\$

**NO**      **YES**      Did any member of the household file a federal tax return last year?

**Type of Assistance Being Requested** *(Include all that apply)*

**Describe, in detail, what item(s) you are requesting and why needed.**

<b>Uniforms</b>	
<b>Tools</b>	
<b>Safety equipment</b> Shoes, eyeglasses, etc.	
<b>Clothing</b> Interview, Work, etc.	
<b>Electronics</b> , Tablet Laptop, Cell phone, etc.	
<b>Vehicle maintenance</b>	
<b>Bus/rail pass</b> <b>Gas card</b>	
<b>Child care</b>	
<b>Other needs</b>	

**Tell us about your needs.**

Please provide a general overview of the specific activity that will be supported by the grant. Provide insight into your own qualifications and resources relevant to the activity. You may wish to let the Grants Board know what your inspiration and/or motivation is for the activity.

What do you hope to achieve through the activity? What are your goals? How do you define success and how will you measure it?

How much funding are you applying for? \$

Are others providing you funding on this activity as well? If so, who and how much?

**Additional Comments:**

## DOCUMENTATION

Please provide a photocopy of all documents you submit with your application and do not send originals.

### Required Documentation

<b>Work Experience</b>	Provide copy of your most recent resume.
<b>Identification</b>	<ul style="list-style-type: none"><li>• Copy of DD214</li><li>• Copy of Military ID</li><li>• Copy of driver's license or State ID.</li><li>• Copy of Social Security Card.</li></ul>
<b>Employment Income</b>	<ul style="list-style-type: none"><li>• Copy of Individual tax return (Form 1040) for most recent tax year.</li><li>• Copy of two most recent paystubs.</li></ul>
<b>Self-Employment</b>	<ul style="list-style-type: none"><li>• Copy of Individual tax return (Form 1040) for most recent tax year.</li><li>• Schedule C and/or profit and loss statement.</li></ul>
<b>Social Security/ Retirement</b>	<ul style="list-style-type: none"><li>• Copy of Individual tax return (Form 1040) for most recent tax year.</li><li>• Copy of Award Letter from Social Security Administration stating monthly payment.</li></ul>
<b>Disability</b>	<ul style="list-style-type: none"><li>• Copy of Individual tax return (Form 1040) for most recent tax year.</li><li>• Copy of Award Letter from disability stating monthly disability payment.</li></ul>
<b>Unemployment</b>	<ul style="list-style-type: none"><li>• Copy of Individual tax return (Form 1040) for most recent tax year.</li><li>• Copy of Award Letter from unemployment stating weekly or monthly benefit amount.</li></ul>
<b>Spousal/ Child Support</b>	<ul style="list-style-type: none"><li>• Copy of Individual tax return (Form 1040) for most recent tax year.</li><li>• Copy of letter stating monthly award amount.</li></ul>
<b>Proof of Dependents</b>	<ul style="list-style-type: none"><li>• Copy of Individual tax return (Form 1040) for most recent tax year.</li></ul>
<b>If you have no income</b>	<ul style="list-style-type: none"><li>• If you have no income, send us a letter of support to include the amount and frequency. The person who provides your support must sign the letter.</li></ul>

Explain why you cannot provide any documentation requested.