



WNYHeroes, Inc.
Supporting Western New York Veterans

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WNY Heroes, Inc. is a 501.3c non-profit organization.

Operation Automotive

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Date: ___/___/___

Name: _____ Last: _____ MI: ___ Age: ___ D.O.B. ___/___/___ Sex: ___

Address: _____ Apt: ___ SS#: ___/___/___ Home # (___) _____

Cell: (___) ___ - ___ Work: (___) ___ - ___ Email: _____@___

Marital Status: **S M D W** Have you ever had your license revoked or suspended? **Y** ___ **N** ___

If you have a family, how many children do you have? _____ How long have you been residing in WNY? _____

City: _____ State: ___ County: _____ Valid NYS Driver's License # _____

Has your license ever been suspended? **Y** ___ **N** ___ Have you ever been arrested for DWI/DUI? **Y** ___ **N** ___

Do you currently own a vehicle? **Y** ___ **N** ___ If Yes, What is the Make? _____ Model: _____ Year: ___

Insurance Co: _____ Policy Number: _____

Is your current vehicle repossessed? **Y** ___ **N** ___ If yes, which bank repossessed it?

Name: _____ Phone: _____ Account #: _____ Plate # _____ - _____

● I give full permission to WNYHeroes, Inc. to call and speak with current lienholder, should I currently have a repossessed vehicle. INT: _____

● I understand that I will be given a FULL background check to through NYS Investigators to verify all information on this application. INT: _____

Military History

Branch: Army Marines Air Force Navy Coast Guard ETS: ___/___/___ Date of Entry: ___/___/___

Honorable Discharge? Y__ N__ General Discharge? Y__ N__ Dishonorable Discharge Y__ N__

Length of Time: _____yrs. Reason for Discharge: _____

Combat Veteran: Y__ N__ If combat, where did you serve? **Iraq**__ **Afghanistan**__ **Bosnia**__

Kuwait__ **Saudi**__ **Vietnam**__ **Other** _____

(Check one please): Are you a Veteran? _____ Active Military? _____ Military Spouse? _____
Purple Heart Recipient? Y / N * Wounded/Disabled? Y / N * **Support documentation required.**

Work/School History

Are you currently employed? Y ___ N ___ If yes, where? _____

Address: _____ City: _____ State: ___ Zip _____

Phone: (___) ___-___ Supervisor: _____ How long employed? _____yrs. _____mos.

● **You must provide us with current pay stubs: INT** _____

Are you currently in school? Y ___ N ___ Name of college? _____ Major: _____

● **You must provide us with proof that you are currently enrolled: INT** _____

Phone: (___) ___-___ Address: _____ City: _____ State: _____

Do you currently volunteer for a non-profit? Y ___ N ___ If yes, how long? _____yrs. _____mos.

As part of this application process, you must write us, explaining the following:

*Why you feel you should be chosen for a car.

*How does giving you a car could turn things around for you.

Current Living Expenses:

Rent: \$ __. __ Utilities: \$ __. __ Gas: \$ __. __ Electric: \$ __. __ Water: \$ __. __

Own: _____ Current car payment: \$ _____. ___ Insurance: \$ _____. ___ Food: \$ _____. ___

Current Income:

VA Disability: \$ ____ . ____ SS Disability: \$ ____ . ____ Child Support: \$ ____ . ____
Retirement: \$ ____ . ____

Current rate of pay: \$ ____ . ____ **Total monthly expenses: \$ _____**

* If you need more space, please continue to the back or separate piece of paper, and then put total on this page.

● I understand that by filling out this application, this does not mean that I am guaranteed a vehicle.
INT: ____

● I understand that I must submit proof of ALL income

● I understand that if I am given a vehicle and then turn around and sell it for profit, WNYHeroes, Inc. holds the right to those funds.

Signature: _____ **Print Full Name:** _____

● I understand that I must write a thank you letter that will then be handed over to the donor upon transfer of the vehicle. **INT:** ____ Should I **NOT** have that thank you letter in hand, the vehicle will **NOT** be given to me.

● **You must include the following documentation:**

● A form of identification establishing your identity and WNY residence. i.e. driver's license /Photo Id

● Documented proof showing that you are an honorably discharged veteran of the United States Military - must be a DD-214 **Member 4** form - OR - that you are a current member of the United States Military, who has served/is serving either in a combat zone (CZ) or non-combat zone (NCZ).

● VA card or Active Military ID

● Grant requests are subject to the need for additional information/documentation, as well as, investigation and home visit, as proof of need of grant.

● Vehicles are awarded on a case-by-case basis.

Grant Request Checklist

Please complete this Checklist in its entirety and include with your Grant Request

Have you applied for a grant within the past 2 years? **Yes / No**

If Yes, was it Approved? **Yes / No** Date Approved: _____ Denied: _____

(If you were approved for a grant previously, you must wait a minimum of two (2) years to apply again.)

- ____ Did I serve at least 180 days on active duty, NOT including training
- ____ DD-214 (MUST be Member 4 copy) OR active duty document
- ____ Copy of Driver's license or another Photo ID
- ____ Copy of VA card or military ID
- ____ Copy of utility bills, lease to show proof of current WNY residence, minimal of one (1) year
- ____ Copy of award letter for veterans' disability
- ____ Copy of SSD letter or any other assistance you are receiving or have applied for (if applicable)
- ____ Copies of **ALL** expense statements: utilities, credit cards, outstanding debt or expenses of any kind, etc. (not **just bills that you are in need of assistance with**)
- ____ Copies of **ALL** current bank statements, current or last pay stub(s), any other income, investments
- ____ If you own, copy of mortgage statement
- ____ Do you have any dependent children? Did you include copy of adoption certificate(s), if applicable?
- ____ Did you include a copy of your marriage certificate (if applicable)
- ____ If awarded a grant, I agree to send a letter stating that I received a grant award and how it specifically helped me/my family for WNYHeroes, Inc.'s audit requirements.
- ____ Did you fill in entire grant, not leaving any blanks?
- ____ Did you fill out **this** checklist and include it with the all other pages of Grant Request?

*** I am aware that if **ANY** part of my application is left blank or if any required documentation is not provided, that my grant request will be considered incomplete and not reviewed; forfeiting my chances for assistance.**

Signature: _____ Date: _____

Print: _____