

Hunterdon County Bulldogs #927 Marine Corps League Financial Assistance Instructions & Application

This document is provided to offer general guidelines for providing financial assistance to those Veteran's in need. Generally speaking, an applicant's expenses must exceed their income when examining their monthly income and expenses. Individuals that are Medicaid recipients are **not** eligible for payments due to US Government rules covering Medicaid.

If an applicant requires financial assistance. The applicant should be assisted in completing the application by a Hunterdon County Bulldogs #927 Marine Corps League board member.

The applicant must have a financial need to request financial assistance. There may be one or several circumstances that create this financial need. One could be medical bills that create a hardship that the member is not able to meet. Another could be the loss of income that results from being out of work due to illness, injury or loss of a job or employment (layoffs, plant closing, job elimination, etc.). A one-time event that creates a financial hardship such as a catastrophic event may also be considered. Examples are a fire, a flood or other extreme calamity.

An applicant is expected to use the resources that he or she has readily available to meet their needs. This includes checking/savings accounts, emergency funds and cash on hand. Financial assistance would be for expenses that exceed those resources.

An applicant is not expected to go further into debt before applying for financial assistance. Obtaining loans and remortgaging a home is a time-consuming process at a time when the applicant may not have time to obtain such funds. Further,

banks and other lending institutions often use the ability to pay when evaluating a loan option. An applicant in financial distress may not even qualify for a loan so it is unreasonable to expect them to go through this process. Additionally, an applicant is not expected to liquidate their retirement accounts or funds to obtain financial assistance. Doing so often results in a financial penalty that we do not want our veterans to incur.

The application must be completed in its entirety to be considered. This includes identifying all income for the applicant and their spouse, any disability or unemployment compensation, rental income, royalties, social security, or any other income. In joint living arrangements this can present difficulty. While not legally married, a couple may be sharing expenses. In these cases, it is prudent to identify the total household income when deciding the need for financial assistance. The applicant must also document their living expenses.

If the applicant is requesting financial assistance due to medical expenses the applicant must provide original copies of all invoices and an explanation of benefits received from any medical insurance provider reflecting what has been paid and what is still due and owing. The un-reimbursed amount would be considered an eligible medical expense.

If the applicant is requesting financial assistance due to the loss of income for any reason, the applicant needs to document what their income was and what income was lost plus expenses for the period. The applicant should also be prepared to explain steps taken to reduce expenses during the period of income loss. Examples would include using available funds including emergency savings prior to requesting relief, reducing utility expenses to the extent possible, reducing recreational expenses, etc.

All financial assistance applications must have proper supporting documentation. The Junior Vice Commandant of the Hunterdon County Bulldogs #927 Marine Corps League that reviews the application is responsible for ensuring that this supporting documentation is made part of the financial assistance application package. All documentation should be originals that may be examined and photocopied, and the original bills should then be returned to the applicant. Photocopies made by the Hunterdon County Bulldogs #927 Marine Corps League should be kept as a part of the financial assistance application package.

The Junior Vice Commandant should require the applicant to provide copies of pay stubs and MAY also request income statements and complete tax returns to substantiate a request for financial assistance. Any monthly expense listed should have a copy of a bill attached verifying the amounts listed.

The statement of need should be as complete and detailed as necessary to allow the reader to understand the circumstances surrounding the request for financial assistance. If necessary, the statement of need may be typed on a separate page that would then be attached to the relief application.

Financial assistance funds may be used to provide food, heat (e.g., gas, oil, etc.), light (electric power), and other necessities. Financial assistance may also be used to pay for eligible expenses that a veteran owes. Financial assistance may also be used to pay for eligible medical expenses.

The key is there must be need and that need must be documented. Financial assistance is not automatic and is not guaranteed. Every application is to be judged on its own merits. You should also recognize that not all family structures are the same. The traditional nuclear family now comprises less than 50% of all families. We have domestic partnerships, alternative living arrangements, more adult children living with their parents and their own children, unmarried coupling in shared living arrangements, etc.

Every financial assistance application **must** be signed by the applicant, and the officers where appropriate. Financial assistance applications should be treated as confidential documents and should not be discussed in public venues.

Who is eligible to apply for relief? Primarily, any Honorable Discharge Veteran who lives and resides in Hunterdon or Warren Counties, New Jersey **ONLY**.

Credit card statements should be examined to break out eligible and ineligible expenses. Credit card statements should also be examined to determine if listed charges have already been reported as expenses on the application. Only eligible unduplicated expenses may be considered for payment. This amount should be reflected in the application. Efforts should be made to create a payment program or workout agreement. The applicant should be encouraged to seek credit counseling particularly where their debt load is high and difficult to manage.

Items that may not be considered or paid for using financial assistance:

<u>Recreational expenses</u> – this includes vacations, recreational travel, tickets for sporting events, concerts and related type activities, rental vehicles. This also includes club memberships and associated fees, boat slip fees.

<u>Payments for pets</u> including grooming, boarding, veterinarian fees, or food for animals. This also includes animal care such as padding for horses and farm operations.

Note: Service animals such as a Seeing Eye dog may be considered based on financial need and constraints.

IRS and/or Income taxes and penalties, self-employment taxes, excise taxes.

<u>Restitution</u> arising from any civil or criminal proceeding including court ordered payment, arbitration, or settlement conferences. This is not to be confused with child support and in particular payment of medical expenses, food, or necessary expenses for the welfare of dependents.

Meals at restaurants.

<u>Designer apparel</u> includes wearing apparel, accessories, eyeglasses.

Elective or cosmetic surgery.

<u>Flowers</u> for funerals, wakes, hospital stays, get-well wishes, or other related type intentions.

Attorney's fees.

Union dues or association dues.

Private school tuition.

<u>Expenses/maintenance</u> fees related to second homes, vacation homes, timeshare properties and luxury items such as boats, airplanes, etc.

Hunterdon County Bulldogs #927 Marine Corps League APPLICATION FOR FINANCIAL ASSISTANCE

1. IMPORTANT NOTE: This application is for financial assistance only. It must be retained and available for audit. It is imperative that all data requested on this application be answered. To omit any information may delay action on your application.

| 2. APPLICATANT INFORMATI | ION: | | |
|---|-----------------------------------|-----------------------------|--|
| Name | | Age | |
| Address | | | |
| City | | Zip | |
| Occupation | | | |
| | No. of dependent children | | |
| Spouse Name | | Age | |
| 3. REASON FOR RELIEF REQU | UEST: Illness/Injury/Other | : | |
| | | | |
| 4. <u>APPLICANT'S STATEMENT</u> necessary) | OF NEED: (Attach addition | nal sheet of explanation if | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 5. DO YOU HAVE THE FOLLO | VING HOSPITAL/MEDICAL COVERAGE? | |
|---|--|---|
| Hospital Coverage, Medicare Medical Coverage Others (Lis | Coverage, Prescription Drug Coverage, Major | |
| Attach all benefit statements | | |
| Yes No Receiving No Benefits are not eligible to re | Nedicaid Benefits – Applicants receiving Medicaid ceive FINACIAL ASSISTANCE. | |
| 6. ASSETS: | | |
| Checking Accounts \$ | Saving Accounts \$ | |
| Assessed Value of Primary Re | sidence \$ | |
| Assessed Value of Other Real | Property \$ | |
| Total Value of Personal Prope | rty \$ | |
| Certificates of Deposit \$ | Stocks \$ | |
| Bonds \$ | Other Investments \$ | |
| 7. INCOME | | |
| Monthly Income Net: | Primary Monthly \$ | |
| Secondary Monthly \$ | Dependents \$ | _ |
| Property \$ | Social Security \$ | |
| Other Income \$ | Total Monthly Income \$ | |

8. EXPENSES

| Monthly Expenses Net: | | _ Rent \$ | | |
|------------------------------|------------------------|---|--|--|
| Taxes (not incl. w/mort.) \$ | | Mortgage | | |
| Gas \$ | _ Electric \$ | Water/Sewer \$ | | |
| Cable \$ | Telephone \$ | Food \$ | | |
| Clothing \$ | Credit | Card Payments \$ | | |
| Loans: | | | | |
| One Time / Special | Expenses Net: | | | |
| For | | \$ | | |
| Total One Time / Sp | ecial Expenses \$ | | | |
| Total Monthly Expe | nses \$ | | | |
| | cation. Expenses liste | every dollar value on this page must be d should be net of any insurance or other | | |
| | yroll or other income | copies of statements provided. sources should not be repeated on the | | |
| | | arine Corps League is required to protect icers are required to comply with the | | |
| All information prov | vided on this applicat | ion is true to the best of my knowledge. | | |
| APPLICANTS SIGNA | TURE | | | |
| DATE | | | | |

Application and ALL supporting documentation can be mail to:

Hunterdon County Bulldogs #927 Marine Corp League P.O. Box 2222 Flemington, NJ 08822

More Information can be found at www.hcmcl.org

9. ACTION: Hunterdon County Bulldogs #927 Marine Corps League Financial Committee

| | | recommend that financial f \$ |
|------------------|--------------------------|-------------------------------|
| | | Quarterly, |
| \$ | Lump Sum, \$ | Direct to Vendors (bills |
| Amount approv | ed to date this year \$_ | |
| Signatures Of Co | ommittee: | |
| Jr. Vice | | |
| | | |
| Member at Larg | e: | |
| | | mount Check # |
| Amount granted | l previous last year \$_ | |
| Amount granted | l 2 years ago \$ | |
| Amount granted | l 3 years ago \$ | |
| Amount granted | l 4 years ago \$ | |
| SIGNATURES OF | APPROVAL: | |
| Commandant: _ | | Date: |
| Sr. Vice: | | Date: |