

# Rolling Thunder® Inc. Indiana Veterans Fund

RTIVF is open to all honorably discharged Veterans, effective July 1, 2015. Financial assistance may be used by the veteran/family for needs such as housing, utilities, medical services, transportation, and other essential family support expenses which have become difficult to manage. Assistance may be requested once per running year, with a maximum of up to \$2,500.00 may be approved. (*exclusions*, auto loans, cable, satellite, cell, internet services, all insurance, dental care, credit cards, child support, attorneys, debt collections, storage fees, funeral expenses, applicants that have collected grants from the Indiana Military Family Relief Fund (MFRF) within 12 months of RTIVF application date, and some others may apply) Assistance will be considered by the RTIVF State Committee, and the applicant will be notified of their decision. **The RTIVF State Committee decision will be final.**

There may be an emergency waiver granted in some cases, only upon written request indicating the circumstances justifying such a waiver.

Assistance will also be considered by the RTIVF State Committee for Group Housing, Veterans Homeless Shelters etc.

## **Requirements:**

The applicant must have received an **“Honorable Discharge”**. (DD 214, DD 256, NGB-22)

The applicant must have served a minimum of 30 continuous days of active duty.

The applicant must currently be a permanent resident of Indiana for a minimum of two (2) consecutive years.

The applicant must sign & date their application, provide all required proofs, and documentation requested.

Documentation of need is required to apply for the needed assistance.

## **Disbursement:**

All disbursements will be made directly to the vender, and not to the applicant.

**Completed forms: Forms must be Typed or Printed:** (hand written forms will not be considered)

**Mail completed forms to:** (please allow a minimum of 10 working days from date application & all forms are received for applications to be reviewed. Total process time may be up to 15 working days). **Please note that Email copies of the application will NOT be accepted.**

Rolling Thunder® In. Chapter One  
PO Box 26458  
Indianapolis, In. 46226  
**Email:** RTIVF@ATT.NET

Rolling Thunder® In. Chapter Two  
PO Box 781  
Granger, In. 46539

Rolling Thunder® In. Chapter Six  
1738 Glenmoor Rd.  
Evansville, In, 47715  
**Email:** [RTIVFIN6@GMAIL.COM](mailto:RTIVFIN6@GMAIL.COM)

Rolling Thunder® Chapter Seven  
7065 Little Tar Springs Rd.  
Hawesville, Ky. 42348

Questions on RTIVF assistance can be directed to the Rolling Thunder® Indiana Veterans Fund (RTIVF) office at 317-991-3085 or email RTIVF@ATT.NET. **Please do NOT email applications to the RTIVF email address due to the privacy information on the application.**

**Rolling Thunder® Inc. Indiana  
Veterans Fund Application**  
Type/Print

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Service Branch All: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Is applicant married: Yes No  
*Circle one* Number of dependents: # \_\_\_\_\_

Have you applied before: Yes No Was assistance granted: Yes No When \_\_\_\_\_  
*Circle one* *Circle one*

Give two references not a family member, or living within the household;

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Use a separate sheet to explain how the need occurred, and attach. (Type/Print)

If you are a Surrogate for the applicant;

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

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Form Date: November 3rd, 2015

I (print name) \_\_\_\_\_ am requesting financial assistance to pay the following items: Forms must be completed in it's entirety.

Item (Repair, Service, Bill, etc)	Service Provider (Company Name & Phone #)	Amount
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____
4) _____	_____	\$ _____
If additional space is needed, please attach a separate sheet		
		Total \$ _____

Total monthly income from **all** sources: pre tax \$ \_\_\_\_\_  
 Are you the only one employed within the household, if not list who else contributes to the total household income. \$ \_\_\_\_\_  
 Use separate sheet if necessary

Items **required** for Proof are listed below: No Exceptions, The application will be denied without them.

- Attach a copy of your government issued DD 214, DD 256, or NGB-22.
- Attach a copy of your monthly payroll record. (Both husband & wife if married).
- Attach a copy of your last, 2 years of Federal Tax returns (Form 1040) and State (IT-40).
- Attach copies of the bills you wish the assistance to be used for. .
- Attach the Asset & Liability Worksheet.
- Attach written narrative of how situation occurred.
- Attach a copy of the rental agreement if requesting rental assistance.

*I certify the above information to be true, and correct. I authorize the verification/release of the information I am providing on this application. I authorize Rolling Thunder® Inc. Indiana to access any/all necessary records to process this application. Disclosure of information on this form including social security numbers is voluntary; however failure to provide all requested information may prohibit/delay the processing of this assistance application. All information on this application will be held in the strictest confidence, whether assistance is approved, or disapproved. Submitted applications and supporting documentation will become the sole property of the RTIVF Committee.*

**I fully understand that if assistance is granted, the monies will be paid directly to the vender, and/or dept holder.**

\_\_\_\_\_/\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Witness Signature Phone# Date

# Asset & Liability Worksheet

Name: \_\_\_\_\_ date: \_\_\_\_\_  
Type/Print

### Monthly Income

<small>Type/Print</small>	<small>Amount</small>
Wages <i>Veteran</i>	\$ _____
Wages <i>Spouse</i>	\$ _____
Social Security <i>Vet.</i>	\$ _____
Social Security <i>Spouse</i>	\$ _____
SSI Benefits	\$ _____
VA Compensation	\$ _____
Military Retirement	\$ _____
VA Pension	\$ _____
Civilian Pension	\$ _____
Investments	\$ _____
Unemployment	\$ _____
ADC	\$ _____
Food Stamps	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

### Monthly Expenses

<small>Type/Print</small>	<small>Monthly payment</small>
Rent	\$ _____
Mortgage	\$ _____
Food	\$ _____
Heating/ Gas	\$ _____
Auto Payment(s)	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water	\$ _____
Prop. Taxes	\$ _____
Home Insurance	\$ _____
Auto Insurance	\$ _____
Medical	\$ _____
Child Support	\$ _____
Gasoline	\$ _____
Credit Cards	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**All Items must be verifiable with receipt upon request**

*Attach additional sheet as needed*

### Assets (Annotate Totals)

Savings	\$ _____	Bonds/CDs	\$ _____
Real Estate	\$ _____	Auto	\$ _____
IRAs	\$ _____	Auto	\$ _____
Other/Real estate	\$ _____	Other	\$ _____
<b>Total</b> _____			

### Liabilities (Balances)

Mortgage Balance	\$ _____	Personal Loan Balance	\$ _____
Credit Card Balance	\$ _____	Medical Balance	\$ _____
<b>Total</b> _____			

*I hereby certify that there are no other financial resources within my household. All statements are true, and an accurate representation of my financial status. Any attempt at fraud will be fully prosecuted.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*