



**MILITARY MISSIONS IN ACTION**

**Application for Assistance**

**SECTION 1: HOMEOWNER INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If married, spouse's name: \_\_\_\_\_

1. Are you a disabled military veteran? Yes ( ) No ( ) If no, you do not qualify. If yes, submit a copy of Form DD-214.
2. Is your disability service connected? Yes ( ) No ( )
3. Do you own this home? Yes ( ) No ( ) \*Attach a copy of the deed, lein, or mortgage payment.
4. Do you live in this home? Yes ( ) No ( ) How long? \_\_\_MTHS\_\_\_YRS
5. If other people are currently living in this home, please list their names, ages, and relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

**SERVICE INFORMATION:**

1. Branch of service: \_\_\_\_\_
2. Last rank held: \_\_\_\_\_
3. Number of years served: \_\_\_\_\_

**SECTION 2: HOUSEHOLD INCOME AND MORTGAGE INFORMATION**

1. Are you still making loan payments on your home? Yes( ) No( )
2. If yes, what is your monthly payment? \$\_\_\_\_\_/month
3. Do you currently have homeowner's insurance? Yes( ) No( )
4. What is the total combined income for ALL persons living in the home? \_\_\_\_\_/yr.?

Please list income amounts for **Veteran**

VA Disability	\$ _____/month
Pensions	\$ _____/month
Social Security	\$ _____/month
Gross Monthly Wages	\$ _____/month
Other monthly income	\$ _____/month
<b>Total:</b>	\$ _____/month

Please provide supporting documentation for **each** income source (example: Federal tax return, VA disability form, etc.) Not supplying supporting documentation will result in a delay in your application process.



Have you received any other grants or assistance for this project? Yes ( ) No ( ) If yes, please explain:

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**SECTION 3: SHARING PERSONAL INFORMATION?**

If your needs can be met with other programs we work with, may we share it with them so that we may better serve you?

Yes ( ) No ( )

*Your application will be kept confidential unless you give us permission to share your information with other organizations. If you check yes, you give MMIA your consent to share the information you provide on this application with other organizations that may be able to partner with us.*

**SECTION 4: HOME MODIFICATION NEEDS**

( ) To make handicap accessible: \_\_\_\_\_  
\_\_\_\_\_

( ) General Repairs: \_\_\_\_\_  
\_\_\_\_\_

I certify that all of the above information is true and correct: \_\_\_\_\_

Applicant's Signature

Date

**Please return the Application, the Homeowners Agreement, and all supporting documentation to the location below:**

**Military Missions In Action  
411-B North Judd Parkway NE  
Fuquay-Varina, NC 27526**