

### Foothill Veterans Housing Assistance Fund Application 2019 - 2020

The Foothill College Veterans Housing Assistance Fund is available to provide financial assistance to Foothill student veterans and service members in case of an emergency event or situation affecting housing. Situations or events may involve circumstances which are sudden, unexpected and affect a student's ability to function as a student. The Foothill Veterans Housing Assistance funds are awarded on a one-time basis, per household, up to a maximum of \$750.00 per academic year.

- \* Must be currently enrolled at least half-time (6+ units) or more
- \* GPA requirement: 2.5+ cumulative
- \* Currently in Good Standing

If you're currently experiencing an urgent matter that is going to affect your housing arrangement, and you meet the criteria listed above, complete this application and submit it to the Veterans Resource Center building 5400/5403. You will be notified within three working days as to the status of your Foothill Veterans Housing Assistance Fund application.

Name: \_\_\_\_\_ FH CWID#: \_\_\_\_\_ Phone #: \_\_\_\_\_

As a recipient of the Foothill Veterans Housing Assistance fund provided pursuant to a grant from the Foothill-De Anza Foundation, I acknowledge that the following is true and correct:

1. I am applying for this grant because (indicate which statement applies by checking the appropriate box):

- ☐ I need to bridge my rent payment to avoid eviction.
- ☐ I need financial assistance to pay a security deposit or first month's rent for a new place to live.
- ☐ I need to pay for the cost of temporary emergency housing.
- ☐ Other: \_\_\_\_\_ (attach additional sheet)

2. I agree to complete a confidential survey that is designed to measure the effectiveness of the housing support I receive. \_\_\_\_\_ Initial

I certify that answers given herein on this Foothill Veterans Housing Assistance fund application are true and complete. I understand that I will be held responsible for reimbursing funds awarded should there be evidence that my statements are not true and complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AVP Student Services/Dept. Dean

\_\_\_\_\_  
Date

**For Office Use Only:** Note: Application Must Be Processed no later than Wed. 11am to mail/receive check by Friday.

Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	By: _____
Awardee Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	By: _____
FAO Processed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	By: _____
Foundation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	By: _____
Date Funds Distributed:	_____	Survey Completion Date: _____	