

APPLICATION FOR ASSISTANCE
STATE OF CONNECTICUT SOLDIERS', SAILORS' AND MARINES' FUND
 864 WETHERSFIELD AVENUE, HARTFORD, CT 06114-3184

APPLICATION TYPE		INITIAL		SUBSEQUENT	CLIENT ID NUMBER					
APPLICANT		VETERAN		SPOUSE RESIDING WITH VETERAN	SPOUSE WHO WAS LIVING WITH VETERAN AT TIME OF DEATH					
VETERAN	NAME OF VETERAN (LAST, FIRST, MIDDLE)				Address					
	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER		MARITAL STATUS					
					TELEPHONE					
IDENTIFICATION	CT LICENSE NO.			OTHER ID	NO.					
SPOUSE	NAME OF SPOUSE (LAST, FIRST, MIDDLE)				MARRIAGE DATE DATE OF BIRTH SOCIAL SECURITY NUMBER					
ASSISTANCE REQUESTED	CARE/RELIEF	MEDICAL	DENTAL	FOOD	CLOTH	MORT				
	RENT	UTILS	BURIAL	OTHER (SPECIFY)						
RECIPIENT(S)	ASSISTANCE REQUESTED FOR:				<input checked="" type="checkbox"/>	MYSELF	MY SPOUSE			
	IF IN A MEDICAL FACILITY CHECK ONE:				NAME AND ADDRESS OF FACILITY					
	GENERAL	ACUTE CARE	VA	NURSING						
	HOSPITAL	FACILITY	FACILITY	HOME						
MINOR CHILDREN LIVING IN THE HOUSEHOLD	NAME		GEN	NAME		GEN				
						DATE OF BIRTH				
VETERAN'S MILITARY SERVICE	DATE ENTERED SERVICE		SERVICE NUMBER		CHARACTER OF SERVICE					
					DISCHARGE FORM NO.					
	DATE DISCHARGED		BRANCH OF SERVICE							
			ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD / MERCHANT MARINE			
EMPLOYMENT DURING LAST TWELVE MONTHS	PERSON EMPLOYED (VET/SPOUSE)	DATES EMPLOYED		NAME AND ADDRESS OF EMPLOYER			WEEKLY SALARY	REASON FOR LEAVING		
		FROM	TO				\$			
							\$			
							\$			
							\$			
MONTHLY HOUSEHOLD INCOME	SOURCE		VETERAN	SPOUSE	CHILDREN	SOURCE (CONTINUED)		VETERAN	SPOUSE	CHILDREN
	EMPLOYMENT					ANNUITIES (GOVT OR OTHER INSURANCE)				
	UNEMPLOYMENT COMPENSATION					VA COMPENSATION OR PENSION PERCENT DISABLED-				
	WORKMEN'S COMPENSATION					SOCIAL SECURITY				
	DISABILITY INSURANCE					RETIREMENT OR PENSION				
	SICK BENEFITS					OTHER (SPECIFY)				
	GOVERNMENT ASSISTANCE (STATE/CITY GEN ASSISTANCE)					OTHER (SPECIFY)				
	RENTAL INCOME					OTHER (SPECIFY)				
MONTHLY MORTGAGE OR RENTAL PAYMENT	AMOUNT OF MORTGAGE		MONTHLY PAYMENT		PRINCIPAL	INTEREST	TAXES	INSURANCE	OTHER	
	\$		\$		\$		\$	\$	\$	
	MONTHLY RENT		NAME OF LANDLORD/MORTGAGE HOLDER					TELEPHONE		
	LIVING WITH RELATIVES		ADDRESS OF LANDLORD/MORTGAGE HOLDER							
		YES		NO						

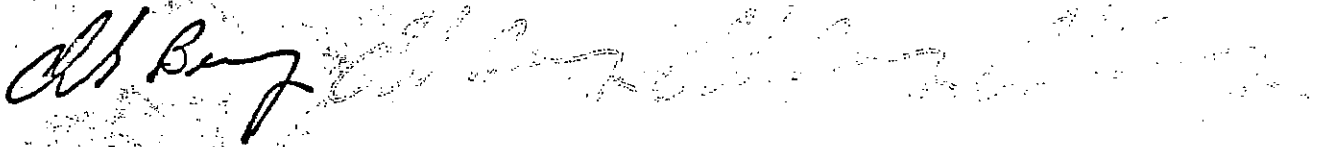
	TYPE			VETERAN	SPOUSE	CHILDREN	TYPE (CONTINUED)			VETERAN	SPOUSE	CHILDREN
	HOUSEHOLD RESOURCES	REAL ESTATE - PRIMARY RESIDENCE						CREDIT UNION AND SAVINGS AND LOAN SHARES				
REAL ESTATE - OTHER PROPERTY						STOCKS AND BONDS						
BANK ACCOUNT - CHECKING						MUTUAL FUNDS						
NAME OF BANK						INDIV. RETIREMENT ACCT. (IRA)						
						(NOT CONSIDERED LIQUID ASSET)						
BANK ACCOUNT - SAVINGS						MORTGAGES HELD						
NAME OF BANK						POTENTIAL AWARDS FROM PENDING LITIGATION						
						LIFE INSURANCE (CASH VALUE)						
NAME OF BANK						CASH ON HAND						
APPLICANT'S MEDICAL RESOURCES	MEDICARE			TITLE XIX		HUSKY/CONNPACE		OTHER INSURANCE (SPECIFY)				
	PART A	PART B	PART D	YES	NO	YES	NO					
	COMMERCIAL INSURANCE			COMMERCIAL INSURANCE PROVIDER					POLICY NUMBER			
	YES	NO										
HOUSEHOLD INDEBTEDNESS	CREDITOR				AMT OWED		CREDITOR				AMT OWED	
REASON FOR APPLICATION												
APPLICANT'S STATEMENT	I HAVE FULLY AND ACCURATELY DISCLOSED ALL INCOME RECEIVED BY ME AND THE MEMBERS OF MY HOUSEHOLD. THE REPRESENTATIONS OF ASSETS AND OTHER RESOURCES ARE ALSO COMPLETE AND ACCURATE. I UNDERSTAND RECEIPT OF ANY ADDITIONAL INCOME BY ME OR MEMBERS OF MY HOUSEHOLD MUST BE PROMPTLY REPORTED TO THE FUND REPRESENTATIVE. I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT.											
SIGNATURES	DATE		APPLICANT				FUND REPRESENTATIVE					
FUND REPRESENTATIVE REMARKS OR COMMENTS (CONTINUE ON SEPARATE SHEET OF PLAIN PAPER IF NECESSARY)												

To whom it may concern,

Due to Connecticut General Assembly House Bill 5597 Sect 27-138 The administrator of the Soldiers, Sailors and Marine Fund shall make available: 1) Online, a copy of regulations of the fund and the bylaws of the American Legion, and (2) at each town clerk's officer, application for aid from the fund.

For your reference the Soldiers, Sailors and Marine Fund website is www.alctssmf.org. The link for the list of town fund representatives can be found at the bottom of the webpage, or at www.alctssmf.org/volunteers-by-town. If you need more green applications please send a self-addressed stamped envelope to 864 Wethersfield Ave Hartford, CT 06114.

Respectfully,

A handwritten signature in black ink, appearing to read "Charles Berry", is written over a large, faint, circular watermark or stamp that is mostly illegible.

Charles Berry

Administrator

Soldiers Sailors Marine Fund

860-296-0719