



## HELPING OUR HEROES ASSISTANCE REQUEST

(To qualify for assistance, applicant must be an Illinois resident)

### Applicant Information:

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Length of time at current address\*: \_\_\_\_\_ Do you currently:  Own  Rent

(\*If less than 2 years, please list previous address below)

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

### Service Information:

\_\_\_\_ Guardsman/Reservist Called to Active Duty – Date activated: \_\_\_\_\_

\_\_\_\_ Veteran/Active Duty (please indicate branch of Military) \_\_\_\_\_

Are you currently deployed?  Yes  No

If yes, date of deployment: \_\_\_\_\_

\_\_\_\_ Fireman/woman (please indicate location) \_\_\_\_\_

\_\_\_\_ Policeman/woman (please indicate location) \_\_\_\_\_

Dates of Service: from \_\_\_\_\_ to \_\_\_\_\_

**Applicant's Name (if different from Hero)** \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### REQUEST INFORMATION

What are you requesting?

Request is for:  Mortgage/Rent  Home Repair  Home Related Expenses

Total Amount Requested: \$ \_\_\_\_\_

Reason for Request (please be specific): \_\_\_\_\_

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



(Must submit repair estimate. Helping Our Heroes Charitable Foundation reserves the right to choose service providers for home related repairs)

**Payable to:** (please list complete information, i.e. mortgage company, landlord, etc)

1. Company Name/Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

2. Company Name/Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

3. Company Name/Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

4. Company Name/Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

5. Company Name/Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

6. Company Name/Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_



7. In the previous 24 months, have you applied for assistance?    Yes    No

*If yes, please list where you have applied*

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8. In the previous 24 months, have you received any assistance?    Yes    No

**Provided by** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Provided by** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Provided by** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Provided by** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

9. List all additional people who live in the household (include all children):

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Income contribution \$** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Income contribution \$** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Income contribution \$** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Income contribution \$** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Income contribution \$** \_\_\_\_\_

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**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Income contribution \$** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Income contribution \$** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Income contribution \$** \_\_\_\_\_

**To Submit Request:**

1. Include the below documents (as applicable)\* that are required with submission of completed application:

- \_\_\_\_\_ Copy of invoices for amount requested
- \_\_\_\_\_ Copy of other documentation or bill(s) specifying amount due
- \_\_\_\_\_ Copy of Active Duty orders *if applicable*
- \_\_\_\_\_ Copy of DD214 pg4 *if applicable*
- \_\_\_\_\_ Copies of financial statements as applicable

*\*additional information may be requested of the applicant*

2. Sign request below

3. Submit application and all required documentation by either:

- a. Fax: 630-324-8461
- b. Email: [info@helpingourheroes.org](mailto:info@helpingourheroes.org)
- c. Mail: Mainstreet Organization of REALTORS  
C/O Charitable Foundation Request for Funds  
6655 Main Street  
Downers Grove, IL 60516

***I, \_\_\_\_\_, am submitting this information in an effort to receive financial assistance from the Helping Our Heroes Charitable foundation. By signing this, I am verifying that the information I provided is true and accurate to the best of my knowledge.***

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***Applicant's Signature***

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***Date***

**PLEASE ALLOW UP TO 15 DAYS TO PROCESS REQUEST**

