

Warrior in Transition (WIT) Program

South Texas Afghanistan Iraq Veterans Association also known as STAIVA has created the Warrior in Transition Program better known as the "WIT" Program. WIT Program was designed to assist veterans and their dependents when they are ineligible for any other type of assistance from other available programs. The WIT Program can provide you with a stipend for obtaining employment or furthering your education from a Texas accredited school.

STAIVA

General Assistance

APPLICATION CHECKLIST

1. DD214 Member 4
2. Copy of valid identification (DL, Passport, ST ID, VA ID, CaC Card)
3. Last 3 Check stubs from Applicant and Spouse if applicable
If unemployed please provide a letter of unemployment length and reason for unemployment.
4. Financial Status Report (STAIVA Form 101)
5. Letter of Plan of Action of applicant to use funds.
6. Media release form
7. Applicant Understanding
8. CDBG Application
9. TANF/SNAP/Medicaid Award Letter If applicable

Applicant Understanding

I _____, am seeking assistance through the General Assistance Program have provided all items on the checklist provided to me by _____ member of STAIVA.

- ____ I understand that I will provide proper documentation to prove my expenses were used for the reason(s) stated above.
- ____ I understand that documents of proof of expense must be provided within 30 days from today.
- ____ I understand that all information provided to STAIVA is true and valid.
- ____ I understand that I will actively seek courses in financial responsibility.
- ____ I understand that if I fail to comply with any of the statements above I will lose any and all future assistance from STAIVA.

Applicant Signature

Date

STAIVA Member

Date

Photograph and Publicity Release Form

I, _____, give South Texas Afghanistan Iraq Veterans Association permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of *the South Texas Afghanistan Iraq Veterans Association* activities. I agree that the *South Texas Afghanistan Iraq Veterans Association* have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the *South Texas Afghanistan Iraq Veterans Association* missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release the *South Texas Afghanistan Iraq Veterans Association* and its agents and assigns from all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to the South Texas Afghanistan Iraq Veterans Association to use my name and likeness to promote the general assistance program, its fiscal agent, and/or their activities.

signature

date

parent / legal guardian (if age 17)

date

I do not give my consent to the *South Texas Afghanistan Iraq Veterans Association* to use my name and likeness to promote the General Assistance Program.

signature

date

parent / legal guardian (if age 17)

date

Letter of Plan of Action of applicant to use funds:

Applicant Signature

Date

STAIVA - FINANCIAL REPORT OF APPLICANT

1. Social Security No.	2. Specify why you are completing this form <i>(Loan, WIT, or Other)</i>
<i>(Type or print all entries. If more space is needed for any item, attach separate sheet)</i>	

PRIVACY ACT INFORMATION: The information you furnish on this form is almost always used to determine if you are eligible for a loan, for the acceptance of the WIT Program or other valid request. Disclosure is voluntary. However, if the information is not furnished, your eligibility may be affected. The responses you submit are confidential and protected from unauthorized disclosure by 38 U.S.C. 5701. The information may be disclosed outside STAIVA only when authorized by applicant.

SECTION I - PERSONAL DATA

3. Last, First MI of Person applying	4. Address	
5. Telephone No. <i>(Include Area Code)</i>	6. Date of Birth	7. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married
8. Name of Spouse	9. Age(s) of other Dependents	

COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS

Kind of Job	Dates (MM-YYYY)		Name and address of employer
	From	To	
10. Your Employment Experience			
		Present Time	
11. Your Spouses Employment Experience			
		Present Time	

SECTION II-INCOME

SECTION III-EXPENSES

Average Monthly Income	Self	Spouse	Average Monthly Expenses	Amount
12. Monthly Gross Salary <i>(Before payroll deductions)</i>	\$	\$	17. Rent or Mortgage Payment	\$
13. Payroll Deductions			18. Food	
A. Federal, State and Local Income Taxes			19. Utilities	
B. Retirement			20. Other Living Expenses <i>(List)</i>	
C. Social Security				
D. Other (Specify)				
E. Total Deductions <i>(It 13A through 13D)</i>				
14. Net take home pay <i>(Subtract Item 13E from Item 12)</i>			21. Monthly payments on installment contracts and other debts <i>(Include amount form Section V, Line 24K- Column D.)</i>	
16. VA Benefits Social Security, or other Income <i>(Specify Source)</i>			22. Total Monthly Expenses (Add lines 18 through 21)	
16. Total Monthly Net Income (Item 14 plus 15)	\$	\$		

SECTION IV-DISCRETIONARY INCOME

23A. Net monthly income less expenses (<i>Item 16 less Item 23</i>) \$	23B. Amount you can pay on a monthly basis toward your loan \$
---	---

SECTION V- INSTALLMENT CONTRACTS AND OTHER DEBTS

NOTE: Show below aLL debts which you are required to pay in regular monthly installments, such as a car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. **DO NOT INCLUDE LIVING EXPENSES.**

Name of creditor A	Original amount of debt B	Unpaid Balance C	Amount Due Monthly D	Amount Past Due (if any) E
24A	\$	\$	\$	\$
24B				
24C				
24D				
24E				
24F				
24G				
24H				
24I				
24J				
24K Total				

SECTION VI-APPLICANT CERTIFICATIONA-REQUIRED

25A. Your Signature (Required)	25B. Date Signed	26A. Signature of Spouse (Required)	26B. Date Signed
--------------------------------	------------------	-------------------------------------	------------------

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.