

A REASON TO RIDE, INC.



P.O. BOX 767  
Jewett City, CT 06351

**APPLICATION FOR ASSISTANCE**

**DATE:** \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell/Work Phone #: \_\_\_\_\_

Honorably Discharged?: **Yes or No** Final DD-214 Copy Attached?: **Yes or No** Dates of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Enrolled in VA Healthcare?: **Yes or No** Location?: \_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

Type(s) of Assistance the RTR Committee Can Consider (Please Circle): **BILL MUST BE IN VETERAN'S NAME**

**Heating/Oil/Utility Bills**

**Medical Bills**

**Housing**

***The RTR committee does not provide cash and does not provide assistance for the following:  
personal debt, phone/cable/internet bills, auto, etc.***

Please explain your reason for requesting assistance from our committee on a separate sheet of paper. Include the name, contact person and telephone number of any other agency you have requested assistance from and the results. Requests that are not covered by other sources may be considered for payment, providing current bills are attached. Bill statements must be attached to this application. Approved payments will be made directly to the owed party.

Name & Signature of Veteran's Counselor Familiar with Case & Phone #:

**RELEASE OF INFORMATION AND AFFIRMATION:** I give A Reason to Ride, Inc. (RTR) or its agent authorization to check on the above representation. By signing below I certify I have fully and truthfully completed this application.

Signature of Applicant: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

***Be sure you have attached the required documents listed below***

- Completed RTR Application
- Bill statements requesting payment for (mortgage, rent, utilities, medical)  
MUST BE IN VETERAN'S NAME
  - Name of Veteran's Counselor and phone number
  - Final DD214