



## WIDOW/WIDOWER INITIAL CONTACT REVIEW

### Must be returned within 7 days of receipt

**Instructions:** This is the first step of a multi-step application process. Once this form is reviewed and the basic-level criteria are met, you may be invited to continue to the next step where you will be asked to submit a more comprehensive application. From this initial form through the entire process, you are being screened for suitability to receive such a substantial gift. Your accuracy, thoroughness and timeliness in completing this will be examined closely.

YOUR FULL LEGAL NAME	DATE
_____	_____
<b>SERVICE MEMBER'S FULL LEGAL NAME</b>	
_____	
<b>CONTACT INFORMATION</b>	
Address _____	
City _____	State _____ Zip _____
Home Phone _____	Cell Phone _____
Email _____	

## MILITARY HISTORY

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1. What was your spouse's branch of service and rank?
2. Date of service member's passing.
3. Was the service member's death due to a wound or injury sustained in combat or training for combat?
4. Please provide your spouse's military job and list all deployments.
5. Did you receive your spouse's TSGLI? If so, what was the amount?

## MILITARY HISTORY (Continued)

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6. Please provide contact information for your spouse's commanding officer or a member of their chain of command prior to their injury or illness. This is a requirement. While this may be difficult to locate, we cannot proceed with our review without this information. You may want to contact Casualty Assistance to help answer this question.

## GENERAL INFORMATION

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7. What is your current living situation?

8. Do you own a home or do you currently have a mortgage?

9. If chosen, in what city and state would you like to live and why?

10. Are you currently in or have you filed for bankruptcy?  
If yes, what is the current status?

11. Have you ever been arrested, charged, convicted or currently facing conviction of a Class A or Class B misdemeanor and/or felony?  
If yes, what were/are the circumstances and the final outcome?

12. Do you have any dependents? **Yes or No**  
If yes, how many and what are their names, ages, and gender?

13. Who lives with you in your home now?

## GENERAL INFORMATION (Continued)

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14. If chosen, who will be living in the home with you?

15. Have you remarried? **Yes or No**

I understand that if I am selected I am required to live in the home for a minimum of seven (7) years as outlined in the Terms of Homeownership. Initials: \_\_\_\_\_

## SUPPORTING DOCUMENTS

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In addition to filling out the form, please provide the following documentation:

DD Form 1300 Report of Casualty

Service Member's civilian certified Death Certificate, if one was issued.

I certify that all information contained in this application is true and accurate to the best of my knowledge. If I have willfully provided any false or misleading information, I understand my consideration for this program may be forfeited at the sole discretion of Operation FINALLY HOME. In addition, in the event that I am publicly accused of an act of moral turpitude (substantiated by the preponderance of evidence, a court decision, or on my own admission), a violation of any Federal law or any other conduct which subjects or could be reasonably anticipated to subject Operation FINALLY HOME and/or its supporters to public ridicule, contempt, scorn, hatred or censure, or could materially diminish the potential successful completion of the gift of a mortgage free home if I am chosen, Operation FINALLY HOME will have the right to remove me from consideration at any time during the process. I also certify that I have read, understood and agreed to the Terms of Homeownership as outlined by Operation FINALLY HOME.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

NOTE: The completion of this document in no way commits Operation FINALLY HOME to construct a home for the applicant listed above. This information will be used by Operation FINALLY HOME as a part of its interview process to determine the steps that will be taken, if any, in their consideration of support of the above mentioned applicant as a part of its program. Once completed, please email PDF to [contact@operationfinallyhome.org](mailto:contact@operationfinallyhome.org) or fax to 615-216-2109.