



# R & R For Vets Inc

501(c)(3) nonprofit

8 Centaurus Ranch Road, Santa Fe, New Mexico 87507

**Ken Dettelbach – Co-Founder**

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Website: [rrforvets.org](http://rrforvets.org) / Facebook: [facebook.com/RRforVETS](https://facebook.com/RRforVETS)

**MISSION:** To provide roofs, ramps, and interior renovations to veterans and their surviving spouses in need without cost to them.

**VETERANS OR THEIR SURVIVING SPOUSES:** To evaluate your needs, please complete this application in its entirety. Include copies (not the originals) of the documents requested. Return the application to R & R for Vets Inc, Attn: Pam Scotty, 8 Centaurus Ranch Road, Santa Fe, NM 87507.

**NOTE:** THE APPLICATION FOR A SURVIVING SPOUSE FOLLOWS BELOW THE APPLICATION OF THE VETERAN.

PLEASE PRINT. COMPLETE ALL APPLICABLE FIELDS.

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

## PART I VETERAN APPLICANT

**Veteran's Name:** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address: Street \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you own the home at the address above that you are applying for assistance? \_\_\_ YES \_\_\_ NO

**If YES, PROVIDE A COPY OF THE DEED** as proof of legal ownership to the residence in which you reside. *The applicant must be the legal owner of the residence and reside in the residence for which they are applying for assistance. Rental properties do not qualify for assistance.*

**PROVIDE A COPY OF YOUR HOMEOWNER'S INSURANCE POLICY.** If your property is not insured, please explain:

\_\_\_\_\_

Telephone # ( \_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_ Alternative phone # ( \_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone # ( \_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Email address: \_\_\_\_\_

Veteran's Date of Birth: MO. \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Last 4 digits of Social Security # \_\_\_\_\_

List ALL the names of those who are living with you and their relationship to you:

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**PROVIDE A COPY OF THE FOLLOWING:**

- DD214
- Veteran's ID Card Number
- Financial – Bank Accounts - Copies of your last three (3) checking and savings account statements
- Percentage of Disability if applicable: \_\_\_\_\_

**REFERRAL SOURCE** (who referred you)

Organization (Example – DVS): \_\_\_\_\_ Tele. # ( \_\_\_\_ ) \_\_\_\_ . \_\_\_\_

Name of the person \_\_\_\_\_ Title (example: social worker) \_\_\_\_\_

Are you a member of veteran's organizations (examples: American Legion, VFW ...)? If so, please identify these organizations.

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Comments: \_\_\_\_\_

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**FINANCIAL**

Provide current income sources and the amount you receive monthly, including but not limited to pensions, disability, salaries and wages, and social security.

Source \_\_\_\_\_ Amt. per month \_\_\_\_\_ / Source \_\_\_\_\_ Amt. per month \_\_\_\_\_

Source \_\_\_\_\_ Amt. per month \_\_\_\_\_ / Source \_\_\_\_\_ Amt. per month \_\_\_\_\_

Provide the current income sources and the amount received monthly for each person residing in your home.

Name: \_\_\_\_\_ Source \_\_\_\_\_ Amt. per month \_\_\_\_\_

Do you have children living with you?  YES  NO

If YES, what are their current ages?

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Comments: \_\_\_\_\_

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**PART II  
VETERAN'S SURVIVING SPOUSE APPLICATION**

**Name:** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address: Street \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you own the home at the address above that you are applying for assistance? \_\_\_ YES \_\_\_ NO

**If YES, PROVIDE A COPY OF THE DEED** as proof of legal ownership to the residence in which you reside. *The applicant must be the legal owner and reside in the residence they are applying for assistance. Rental properties do not qualify for assistance.*

**PROVIDE A COPY OF YOUR HOMEOWNER'S INSURANCE POLICY.** If your property is not insured, please explain:

\_\_\_\_\_

Telephone # ( \_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_ Alternative phone # ( \_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone # ( \_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Email address? \_\_\_\_\_

Date of Birth: MO. \_\_\_ Day \_\_\_ Year \_\_\_\_\_ The last 4 digits of your Social Security # \_\_\_\_\_

**Deceased Spouse's Information:**

**Veteran's Name:** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Veteran's Date of Birth: MO. \_\_\_ Day \_\_\_ Year \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_

**PROVIDE A COPY OF THE FOLLOWING OF YOUR DECEASED SPOUSE'S RECORDS:**

\_\_\_ DD214

\_\_\_ Veteran's ID Card Number

\_\_\_ Death Certificate

**YOUR INFORMATION:**

List ALL the names of those who are living with you and their relationship to you:

\_\_\_\_\_

\_\_\_\_\_

Do you have children living with you? \_\_\_ YES \_\_\_ NO

If YES, what are their current ages? \_\_\_\_\_

**FINANCIALS**

PROVIDE COPIES of your last three (3) checking and savings account statements.

Provide current income sources and the amount you receive monthly, including but not limited to pensions, disability, salaries/wages, and social security.

Source \_\_\_\_\_ Amt. per month \_\_\_\_\_ / Source \_\_\_\_\_ Amt. per month \_\_\_\_\_

Source \_\_\_\_\_ Amt. per month \_\_\_\_\_ / Source \_\_\_\_\_ Amt. per month \_\_\_\_\_

Provide the current income sources and the amount received monthly for each person residing in your home.

Name: \_\_\_\_\_ Source \_\_\_\_\_ Amt. per month \_\_\_\_\_

**REFERRAL SOURCE** (who referred you)

Organization (Example – DVS): \_\_\_\_\_ Tele. # ( ) \_\_\_\_ . \_\_\_\_

Name of the person \_\_\_\_ - \_\_\_\_\_ Title (example: social worker) \_\_\_\_\_

Was your spouse a member of veteran’s organizations (examples: American Legion, VFW ...)? \_\_\_\_ YES \_\_\_\_ NO  
If so, please identify these organizations.

\_\_\_\_\_

Comments: \_\_\_\_\_

**YOU CAN HELP:**

Our nonprofit is continuously in fundraising mode. You can help by contacting your church, organizations to which you belong, friends, and family members to donate directly to R & R for Vets Inc. for your project. Our contact is Pam Scotty, Co-founder of R & R for Vets Inc., 8 Centaurus Ranch Rd., Santa Fe, New Mexico 87507. Checks will be made payable to R & R for Vets Inc. Phone Pam Scotty at (505) 699-0919 or Ken Dettelbach at (505) 577-8722.

Comments:

**PART III – TO BE COMPLETED BY THE VETERAN APPLICANT or THE SURVIVING SPOUSE OF A VETERAN APPLICANT**

**YOUR HOME AND REQUEST FOR ASSISTANTS**

Check what applies to your home:

- single story – year built \_\_\_\_\_
- two-story – year \_\_\_\_\_
- manufactured - year \_\_\_\_\_
- trailer – year \_\_\_\_\_
- other – describe \_\_\_\_\_

Identify and describe in detail the assistance that you need:

roof repair \_\_\_\_\_

roof replacement \_\_\_\_\_

**Roof damage:** On or about when did the damage occur? Describe the situation (for example wind storm blew off the shingles) \_\_\_\_\_

Did you submit a claim to your Insurer?  YES  NO

Explain \_\_\_\_\_

interior repairs:  ceiling  flooring  bathroom  a bathroom functional remodel for disability (shower stall, toilet, grab bars, etc.)  other

Describe your situation in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a ramp

\_\_\_\_\_

other

\_\_\_\_\_

**PROVIDE PHOTOS OF THE DAMAGED AREA/S.** You can take photos from your phone. Please email them to [pamscotty2@gmail.com](mailto:pamscotty2@gmail.com) or print them and send them along with this application. If you are unable to furnish photos, explain:

\_\_\_\_\_



## Release Form for Use of Information and Media

### Grant R & R for Vets Inc

I, \_\_\_\_\_, hereby grant permission to Grant R & R for Vets Inc ("the Organization") to use my information, including but not limited to the use of my name, photographs, videos of projects, and other digital media in any of its publications and those of local newspapers, radio, web-based publications, newsletters, fundraising campaigns, website, and social media channels, without payment or other consideration.

I understand and agree to the following:

**Use of Information:** The Organization may use my information, including my name and photo, to promote and publicize services and projects donated to me by the Organization.

**Media Release:** I grant the Organization the right to take photographs, videos, or other digital media of me during the course of its services and projects and to use such media for promotional and educational purposes.

**No Compensation:** I understand that I will not receive any payment or compensation for the use of my information, photographs, videos, or other digital media.

**No Expiration:** This release shall remain valid indefinitely unless I revoke it in writing.

**Revocation:** I have the right to revoke this release at any time by providing written notice to the Organization. However, I understand that revocation may not affect the use of my information, photographs, or media that occurred before the revocation.

**Privacy:** The Organization will make reasonable efforts to protect my privacy and ensure that my personal information is used under applicable laws and regulations.

**Legal Capacity:** I affirm that I am of legal age and have the right to enter into this release agreement.

I have read and understood this release form, and I voluntarily consent to its terms.

**Applicant's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

