

March 15, 2023

Dear Winnebago County Veteran,

First and foremost, we sincerely thank you for your service to our Country and the many sacrifices that entails. It is because of you, that the citizens of the United States get to enjoy living in the land of the free, and for that, we are grateful.

In 2018, the founder of our organization, Marshmallow's HOPE, lost her 14-year-old son Zachary to suicide. A year later, she met a family walking the same terrible path, having lost their beloved Caden, a Byron High School football star, #41, also to suicide. Together, with the support of *Impact Capital*, they have joined efforts in creating *Project 4114*. There is nothing that brings healing to those left behind; except building resilience through their loved one's legacy, and by creating life changing impact, one individual at a time.

Through *Project 4114*, we are creating an opportunity for the youth, also known as the Zachary's of the World (ZOWs), to engage in community through rebuilding a home for a purpose. This has proven to build important protective factors that will aid in the development of the ZOW's mental health and mitigate the risk of suicide. Connecting with peers, and engaging in our community, will create a ripple effect of positive outcomes throughout our community and the lives of those involved. **Upon completion of the project, the ZOWs will gift the home to a Veteran in need, who could not otherwise afford to buy their own home.**

Our application process is extensive but purposeful. We understand the requirements of sharing private information, thought, and the energy it will take may not be easy. Please know we do not do this to be difficult or discourage you from applying. We do it to make the most impactful decision in the selection process. We only know what you share with us, so please freely share. We can only provide one home, so we hope that, at a minimum, you find release as you share private and difficult components of your life.

Applications may be downloaded from the Marshmallow Hope website: <https://www.marshmallowshope.org> or paper copies may be picked up at **Veterans Memorial Hall**, 211 North Main Street, Rockford IL 61101.

*Project 4114* was born from the depths of sorrow, but Zachary and Caden's legacy have led us to you, a true HERO. It is with our upmost respect and gratitude, for the tireless and heroic sacrifices you've made for our country, that keep us motivated to drive much needed change. Healing is a journey, that for many, never ends; the gift of a home is providing you with a protective factor that will bring Healing, Encouragement, Resilience, and Offer you a path to perseverance. Our hope is that by doing this, we reduce the number of Veteran suicides...one Veteran at a time.

With gratitude,

*Marshmallow's HOPE*



## QUALIFICATIONS

1. Must be United States Military Veteran (need DD-214)
1. Must be current resident of Winnebago County, IL
2. Must not be current homeowner
3. Must show financial need
4. Must show financial capability to maintain the home, pay property taxes, and utilities

## IF ACCEPTED, MUST

1. Not sell the home for 8 years.
2. Reside in home and may not lease or rent for 8 years.
3. Deed home back to Marshmallow's Hope to be gifted to another Veteran via application if unable to fulfill requirements.

## APPLICATION

### Acknowledgement:

Your application is meant to provide a demographic and factual history of your service, experiences, and current situation. It is intended to highlight who you are, what you've been through, and subsequently struggle with. *In your absence, it serves to speak for you and should be completed in detail with integrity, honesty, and accuracy.*

Selected Veteran must agree to be awarded ownership of the home at a public Veterans event. Must also agree to share minimal information for promotional purposes.

### Instruction:

In order for you to have a clear understanding of our program, criteria and process, please review the "Project 4114" page on our website and all Documents *prior to completing* this application itself.

The **1) Application, 2) Consent for Background Check, and 3) Liability Waiver** must be printed off separately, are to be legibly completed and signed. All areas are considered required information, unless non-applicable, and are subject to verification.

Please note, photocopies of the following supporting documentation are required. It is imperative you assure this documentation is provided to avoid delay in consideration or disqualification:

- All DD 214s, discharge papers and separation documents within your possession,
- V.A. Disability Compensation Award Letter(s) in their entirety, listing individual disabilities/diagnosis(es), their ratings, and allowance compensation. (In the absence of V.A. connection, private medical documentation of diagnoses, service connection and impairment is required).

- Current photo ID; Passport, driver’s license or state ID.
- Most recent W2 and/or Income Tax Return filed with the IRS in the previous tax year.

A checklist to assist your submission follows the application. All required components *must be received with a postmarked date no later than **4:00 p.m. on May 15th, 2023.*** Late arrivals will not be considered. Applications will not be returned.

Approval:

I have read the application statements and process, agree, and will submit an honest and accurate reflection of my military and personal life. I understand that the failure to provide all required components and documents may eliminate my application from the review process.

---

<b>Applicant Printed Name</b>	<b>Signature</b>	<b>Date</b>
-------------------------------	------------------	-------------

<b>A. VETERAN &amp; RESIDENCY</b>			
-----------------------------------	--	--	--

1	Veteran’s Last Name:	First:	Middle:
2	Maiden/Former Name:		
3	Date of Birth:	Place of Birth:	Age:      Sex: <input type="checkbox"/> M <input type="checkbox"/> F
4	Your Email:		
5	Your Home Phone:	Your Cell:	Text? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Marital Status (circle one): <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed		
a	Spouse/Partner Name:		
	Their Cell:	Their Email:	
b	Closest Local Contact (if no spouse):		Relationship:
	Their Cell:	Their Email:	
7	Children’s Names & Ages:		
<b>For the below, list your <u>non-base/stationed</u> residences to show Winnebago County residence history</b>			
8	Your Current Address:		
	City:	State:	Zip Code:

	<b>Number of years at this address:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
9	<b>Prior Address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	<b>Number of years at this address:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
10	<b>Prior Address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	<b>Number of years at this address:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
11	<b>Prior Address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	<b>Number of years at this address:</b>	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
12	<b>Total number of years as a Winnebago County, Illinois resident BEFORE joining the Service?</b>		
13	<b>Total number of years as a Winnebago County, Illinois resident?</b>		
14	<b>Is there history of a criminal record: <input type="checkbox"/> Yes or <input type="checkbox"/> No</b>		
	<i>All applicants will be verified. Having a criminal record will not disqualify an applicant; however, we would like to hear you story. If yes, please explain:</i>		

**B. SERVICE INFORMATION**

15 **U.S. ARMED FORCES BRANCH**     AIR FORCE     ARMY     COAST GUARD     MARINES     NAVY

**Date Entered Service:**

**Date Separated from Active Duty:**

**Total Years in Service:**

**Type of Discharge** (type of discharge may not affect application):

**Reason for Separation:**

**Specialized Training/Education:**

16 **Did you join the Reserves or National Guard?**     Yes     No (If yes, complete section below).

AIR FORCE     ARMY     COAST GUARD     MARINES     NAVY

**Date Entered Service:**

**Date Separated from Active Duty:**

**Total Years in Service:**

**Type of Discharge** (type of discharge may not affect application):

**Reason for Separation:**

**Specialized Training/Education:**

17 **Combat Service:**     Vietnam     Post Vietnam     Persian Gulf     Afghanistan     Iraq

	<b>Other:</b>
<b>18</b>	<b>Dates/Locations of Combat Service:</b>
<b>19</b>	<b>Role/Assignments during Combat:</b>
<b>20</b>	<b>Prisoner of War? <input type="checkbox"/> Yes <input type="checkbox"/> No      Dates &amp; location of captivity:</b>
<b>21</b>	<b>List any service citations, medals, awards and other recognition received while in Combat Service:</b>

**D SERVICE-CONNECTED INJURY OR OTHER HEALTH ISSUES SUSTAINED & ITS IMPACT ON YOUR LIFE**

<b>22</b>	<b>Date &amp; location at time of service-connected injury/health issue:</b>
<b>23</b>	<b>Describe how your injuries or health conditions occurred; this includes mental health if applicable.</b>
<b>24</b>	<b>Describe the daily impact your injuries have on your current health, including mental health:</b>
<b>25</b>	<b>VA Disability Rating? <input type="checkbox"/> Yes <input type="checkbox"/> No, I am treated by private medical staff</b>

a	If yes, Percentage VA Disability Rating:	Employable? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

## E EMPLOYMENT & FINANCIAL INFORMATION

26	Household Income: <input type="checkbox"/> Single (Just Yourself) <input type="checkbox"/> Multiple (Spouse/Partner) :
27	Number of Dependents:
a	Your Job: <span style="float: right;">Salary/Wage: <span style="float: right;">Hours Per Week:</span></span>
b	Spouse/Partner Job: <span style="float: right;">Salary/Wage: <span style="float: right;">Hours Per Week:</span></span>
28	Annual Household <u>Employment Income</u> , NOT INCLUDING ANY ALLOWANCES OR MONTHLY FUNDS: <input type="checkbox"/> None/Retired <input type="checkbox"/> < 20,000 <input type="checkbox"/> \$21,000 – \$30,000 <input type="checkbox"/> \$31,000 - \$40,000 <input type="checkbox"/> \$41,000 - \$60,000 <input type="checkbox"/> \$61,000 - \$80,000 <input type="checkbox"/> \$81,000 - \$100,000
29	Additional Income (i.e. misc. jobs):
a	Monthly VA Monthly Disability Allowance Amount:
b	Monthly Social Security Allowance Amount:
c	Other Monthly Income, Source & Amount (i.e. Pension, retirement, public assistance, etc.):
d	Monthly Food Assistance (SNAP or other) Amount:
30	Your Employer(s) For The Past 10 Years:
a	1. Name & Location:
	Dates Employed: <span style="float: right;">Position:</span>
b	2. Name & Location:
	Dates Employed: <span style="float: right;">Position:</span>
c	3. Name & Location:
	Dates Employed: <span style="float: right;">Position:</span>
31	Have you owned a home previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
32	Number of homes previously owned: <span style="float: right;">Date of last home ownership:</span>

33 **What hardships do you face that prevent you from buying/owning your own home?**

## **F ABILITY TO PAY**

34 **Explain how you will pay for utilities (gas, electric):**

35 **Explain how you intend to pay for repairs and upkeep to the interior and exterior of the home:**

36 **Explain how you will to maintain the yard, physically and financially:**

37 **Explain how you will budget to pay for property taxes:**

38 **Prior to taking ownership, you will be required to provide proof of homeowners insurance. Please describe how you will budget to maintain homeowners insurance:**



**G COMMUNITY CONTRIBUTIONS**

39 List memberships/participation in Veteran groups, events, or other affiliations, including the years involved:

40 List any community involvement/volunteer activities since becoming a Veteran:

41 List (3) Character/Personal References who can speak about you and your need of a home:

a Name: Cell:  
Relationship:

b Name: Cell:  
Relationship:

c Name: Cell:  
Relationship:

**H ESSAY: Tell us your story and how being blessed with the gift of a home will play role in your life.**

42







## CHECKLIST FOR APPLICATION SUBMISSION

**Be thorough to assure your application includes all the below components to qualify for consideration.**

- Entire Application** completed in full, legibly, in ink or typewritten, with signatures on pages 3 & 12.
- Photocopies** of each of the following are required:
  - All DD 214s, discharge papers and separation documents to reflect your time in service,
  - V.A. Disability Compensation Award Letter(s), in their entirety, showing proof of:
  - All identified service-connected disabilities/diagnoses, their individual ratings and your monthly allowance. (In the absence of V.A. connection, private medical documentation of diagnoses, service connection and impairment is required.)
  - Valid photo ID: Passport, Driver's License, or Illinois State ID.
  - Most recent W2 and/or Income Tax Return filed with the IRS in the previous tax year.
- Consent for Back Check** *signed*
- Waiver/Release of Liability** *signed*
- Drop off** or **mail** all of the above in an envelope with sufficient postage, **postmarked by 4:00 p.m. on May 15st, 2023**, to:

### **Marshmallow's Hope**

1280 S. Alpine Rd  
Rockford, IL 61108

***Thank you for sharing your story!***

Please note, the review Board may require additional information, including an interview.