

WEST VIRGINIA RELIEF FUND APPLICATION FORM

All applications are individually processed on a case by case basis. Submitting an application does not guarantee payment of funds. The VFW reserves the right to make exceptions.

Applicant Information

NAME _____ AGE _____ PHONE _____

ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO VETERAN (IF APPLICABLE) _____

MARRIED: YES ____ NO ____ NUMBER OF DEPENDENTS _____

STATUS: ACTIVE ____ RETIRED ____ DISCHARGED ____ DISABLED ____%

PAY GRADE AT DISCHARGE _____ SERVICE _____

DATE OF LAST DEPLOYMENT OR DISCHARGE _____

DESCRIBE NATURE OF NEED OF ASSISTANCE:

(RENT, CAR REPAIR, FOOD, MEDICAL, TRANSPORTATION)

DESCRIBE WHY YOU ARE UNABLE TO MEET THIS NEED ON YOUR OWN.

LIST AMOUNT OF FUNDS REQUESTED _____

LIST ANY OTHER AGENCIES YOU ARE WORKING WITH (I.E., VA, SALVATION ARMY, RED CROSS or CHURCH) _____

	A	B	C
MONTHLY INCOME	SELF _____	SPOUSE _____	TOTAL _____

MONTHLY EXPENSES

HOUSING _____
UTILITIES _____
AUTO _____
MISC. _____

TOTAL _____

TERMS AND CONDITION OF GRANT

I understand that proper information is required to substantiate my request. This information will be kept confidential. I further understand that if the request cannot be substantiated it will not be possible for the VFW to consider or approve the grant. I am further willing to be interviewed by telephone, at a designated location or in my home. I understand that the VFW Relief Program is to meet immediate and urgent needs.

SSN (Required by IRS)

Signature of Applicant

Printed Name Date

INVESTIGATOR, COMMENTS AND MANNER OF CONTACT:
(I.E. TELEPHONE – HOME VISIT –DESIGNATED LOCATION)

RECOMMEND: APPROVAL _____ DISAPPROVAL _____

If approved list who check is payable to and address where to be mailed.

SIGNATURE OF INVESTIGATOR

PRINTED NAME DATE