

APPLICATION FOR VFW POST 10227 ASSISTANCE

Date : _____

Control No : _____

Name : _____

(Last)

(First)

(M.I.)

Mailing Address : _____

(Street or Post Office Box)

(City)

(State)

(Zip)

Home Phone No : _____

Mobile Phone No : _____

The following questions must be answered:

Who referred you to our Post for assistance ? _____

Have you tried to get assistance from another Post or Veterans Group ? Yes or No _____

If Yes Name of Post or Veterans Group : _____

Type of assistance requested ?

Lodging Yes or No _____ Cash Assistance Yes or No _____ How Much \$ _____

Other (Please State) : _____

Do you have any source of income from the VA or SS ? Yes or No _____

The reason for the assistance : _____

A copy of your DD 214 must be attached to this application to process your request for assistance. Your application cannot be process without your copy of your DD 214. All information stated above is true full to the best of my knowledge.

Applicants Signature _____

VFW Post Officer Approval / Disapproval _____

VFW Post Membership Approval / Disapproval _____