



## UNICOI DETACHMENT #783 ASSISTANCE APPLICATION

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Service Member: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Service Member: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Service Dates: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

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

Others in the Household: \_\_\_\_\_

Do you own or rent: \_\_\_\_\_ How long: \_\_\_\_\_

Describe the type of assistance needed:

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Notice: Site visits may be necessary to process requests.

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Applicant's Signature

Print Name

Application can be either emailed to [unicoi783@gmail.com](mailto:unicoi783@gmail.com) or mailed to

MCL Detachment 783, P O Box 701 Hiawassee, GA 30546-0701

File No. \_\_\_\_\_