



DISABLED AMERICAN VETERANS AUXILIARY SERVICE/SUPPORT APPLICATION

This program was established to assist those who find that they are temporarily not able to meet outstanding obligations.

ELIGIBILITY: Financial assistance to any auxiliary senior member of the Disabled American Veterans Auxiliary who may be in need. **MONIES SHALL BE PAYABLE DIRECTLY TO THE FINANCIAL NEED AND NOT TO THE INDIVIDUAL. ASSISTANCE CAN BE GRANTED ONLY ONCE TO ANY ONE PERSON PER HOUSEHOLD REGARDLESS OF AMOUNT RECEIVED. THE AMOUNT CAN BE UP TO BUT NOT MORE THAN \$1,000.00. Must be an Auxiliary Member in good standing for at least one year and the amount granted shall be based on financial need, length of membership and funds available.**

COMPLETE THIS FORM AND SUBMIT THE NECESSARY DOCUMENTATION SUCH AS: Copies of the outstanding utility bills, mortgage payments, hospital bills, etc., which are to be considered for payment must be included with this completed form. Bills not considered are credit card bills, cable bills, support payments, attorney fees and nonessential or nonemergency charges. Also, in order to verify information submitted, the address and phone number of a contact or office must be supplied.

PRINT OR TYPE THE INFORMATION BELOW:

I am a DAV Auxiliary member: Y_____ N_____ Membership # _____

Name: _____ SSN: _____

Maiden Name if Female Applicant: _____

Address: _____

City & State: _____ Zip Code _____

Phone: Residence: () _____ Business: () _____

Monthly Income: _____ # Dependents in home: _____

Contact the following party if I am not available:

Name: _____ Phone: () _____

Relationship of the above contact: _____

Have you received monetary assistance from this program before? Y_____ N_____

Reason for request: _____

Signature: _____ Date: _____

Complete and send to: National Headquarters
Disabled American Veterans Auxiliary
3725 Alexandria Pike
Cold Spring, KY 41076