AUXILIARY
SERVICE/SUPPORT APPLICATION

This program was established to assist those who find that they are temporarily not able to meet outstanding obligations such as outstanding utility bills, mortgage payments, hospital bills, etc.

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 THATN $1,000.00. Must be an Auxiliary Member for at least one year.**

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. 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: ( ) _____
Reason for request: _____
_____

Signature: _____ Date: _____

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