

**DAV AG TRICENTENNIAL CHAPTER 84
VETERAN AND VETERAN FAMILY ASSISTANCE**

NAME OF VETERAN: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ CELL _____

IS VETERAN A MEMBER OF DAV? YES NO IF YES, PROVIDE DAV MEMBERSHIP NUMBER:
DAV#: _____ IF NO, ATTACHED COPY OF DD214

BRIEFLY DESCRIBE THE NATURE OF AND REASON FOR ASSISTANCE REQUESTED:

IF YOUR REQUEST IS FOR MONETARY ASSISTANCE, HOW MUCH IS THAT REQUEST FOR? \$ _____

TO WHOM SHOULD THIS PAYMENT BE MADE? (CHAPTER 84 WILL NOT MAKE PAYMENT TO THE VETERAN OR A FAMILY MEMBER OF THE VETERAN. PAYMENT MUST BE MADE TO THE COMPANY OR ORGANIZATION THE VETERAN OR HIS FAMILY IS OBLIGATED TO PAY. FOR EXAMPLE, A LANDLORD, UTILITY COMPANY, AUTO LOAN COMPANY, ETC.)

NAME OF PAYEE _____
ACCOUNT NUMBER: _____ TELEPHONE: _____
ADDRESS OF PAYEE (INCLUDE CITY, STATE AND ZIP)

THE BELOW IS FOR CHAPTER 84 OFFICER USE ONLY

NAME OF INVESTIGATING OFFICER: _____

BRIEF SUMMARY OF INVESTIGATIVE RESULTS:

INVESTIGATIVE OFFICER RECOMMENDATION: YES NO

APPLICANTS ARE REQUIRED TO MEET BEFORE THE OFFICERS BOARD TO ANSWER QUESTIONS. OFFICERS MEET ON THE FIRST FRIDAY OF EACH MONTH AT 4:30 PM AT THE JOHNSON PHELPS VFW POST 5220 LOCATED AT 9514 SOUTH 52ND STREET IN OAK LAWN, ILLINOIS 60453

ATTACH ALL SUPPORTING DOCUMENTS TO THIS FORM (INVOICES, STATEMENTS, HOSPITAL ADMITTANCE, ETC). YOU MAY ALSO INCLUDE STATEMENTS FROM WITNESSES OR PARTIES KNOWLEDGEABLE OF YOUR CIRCUMSTANCES. AT YOUR OFFICER INTERVIEW, PLEASE BE PREPARED TO DISCUSS HOW YOU PLAN TO MOVE FORWARD WITH YOUR LIFE ONCE YOUR CURRENT PROBLEMS HAVE BEEN RESOLVED.