

Disaster Relief Form

Full Name: Street Address:				
Phone:	SSN:	no dashes		
Second point of contact or locati	on where you can be reached	:		
PVA Member: Yes □	No 🗆			
PVA Chapter (if member):				
Are you service-connected:	Yes □ No □			
Branch of service:				
Nature of disability:				
Accessibility Modifications		Prosthetic Appliances □		
Transportation	• ,	**		
<u>-</u>	f damages to include expense	es sustained from the natural disaster s paid for replacement items, i.e., cost ng statement:		
reimbursement of expenses from ot will reimburse PVA. By signing this independently verify the truth of the application process. I also understa	ther sources. If funds are receive s application, I authorize agents se statements I have made both and that any misrepresentaion o tand that such misrepresentatio	, and that I am not receiving ed (from insurance, etc.) to cover loss, I sof Paralyzed Veterans of America to on this application and orally during the f material fact may result in the voiding on will require me to reimburse Paralyzed		
Signature of Applicant:		Date:		



Disaster Relief Fund Member Application

APPLICATION MUST BE SIGNED BY THE CHAPTER PRESIDENT AND NSO.

Chapter/Presid	ent/Designee A	Approving:	
National Servic	e Officer Appr	oving:	
	L — Briefly des	cribe how assistance was verif residence, etc.):	
PVA OFFICIAL	USE ONLY		
Approved	Denied	Amount Approved:	Date:
Approved By: _			C. D.
	Associate	Executive Director Veteran Ber	netits I)enartment