

**PARALYZED VETERANS OF AMERICA
DISASTER RELIEF FUND
MEMBER APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP

CODE: _____

PHONE: _____

SOCIAL SECURITY NO. _____

CONTACT PERSON OR LOCATION WHERE YOU CAN BE CONTACTED:

PVA MEMBER: YES _____ NO _____

CHAPTER NAME (IF MEMBER):

SERVICE CONNECTED: YES _____ NO _____ BRANCH OF SERVICE: _____

VA CLAIM NO. _____

DESCRIBE DISABILITY:

INSURANCE COMPANY: _____

BRANCH OFFICE/PHONE: _____

AMOUNT OF MONEY REQUESTED FROM RELIEF FUND (MAX \$2,500):

TYPE OF ASSISTANCE REQUIRED:

- | | |
|-------------------------|---------------------------------------|
| _____ TRANSPORTATION | _____ MODIFICATIONS FOR ACCESSIBILITY |
| _____ TEMPORARY SHELTER | _____ PROSTHETIC APPLIANCES |
| _____ FOOD | _____ MEDICAL SUPPLIES |

Please attach on a separate sheet an explanation of the damages sustained from the natural disaster and an itemized list of the cost of damages to include expenses paid for replacement items, i.e., cost of repairs to roof, food expenses, etc.

I certify that the assistance requested is the result of

and that I am not receiving reimbursement of expenses from other sources. If funds are received (from insurance, etc.) to cover loss, I will reimburse PVA.

By signing this application, I authorize agents of the Paralyzed Veterans of America to investigate the truth of the statements I have made both on this application and orally during the application process. I also understand that any misrepresentation of material fact may result in the voiding of my eligibility for funds. I understand that such misrepresentation will require me to reimburse the Paralyzed Veterans of America the funds given to me.

Signature of Applicant: _____

Date: _____

Please submit this application to:

Mail:

Wisconsin Paralyzed Veterans of America (WPVA)
2311 South 108th Street
West Allis, WI 53227

Email:

reliefapplication@wisconsinpva.org

Phone:

414-328-8910

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Application must be signed by the Chapter President and NSO

Chapter/President/Designee

Approving:_____

National Service Officer Approving:_____

PVA Official – Briefly describe how needed assistance was verified (i.e., pictures, visited applicant’s residence, etc):

PVA OFFICIAL USE ONLY

Approved_____ Denied_____ Amount Approved_____

Date:_____

Approved by:_____

Associate Executive Director, Veterans Benefits Department