DAV

FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Disaster Relief
Grant Application

When a specific disaster has a large geographic impact (e.g., Hurricane Katrina) and all drafts have been disbursed, authorization may be provided for short-term use of DAV Disaster Relief Application. Once approval is provided from a member of Service Staff, please collect relevant information for eligibility verification prior to processing by DAV National Headquarters.

Criteria: *Disaster relief grant amounts may vary based on applicant needs and available DAV resources. Disaster relief grants may be issued for the purpose of providing food, clothing, and temporary shelter or to obtain relief from personal loss resulting from an isolated or specific disaster. Disaster Relief grants is limited to one per family per disaster.*

Eligibility Questions

1. Are you, the applicant, an ill, injured or wounded veteran or the spouse thereof (Same household); or a widow(er) in receipt of Death Compensation or Dependency and Indemnity Compensation (DIC); or a widow(er) of a former Prisoner of War (POW); or a widow(er) of an ill, injured or wounded veteran as a result of the isolated/specific disaster?
   ☐ Yes ☐ No
2. Are you, the applicant, a victim of an isolated disaster?
   ☐ Yes ☐ No
3. Did you, the applicant, due to the disaster, have losses which resulted in needing immediate financial assistance as available funds are not available to pay for acquired expenses?
   ☐ Yes ☐ No
4. Are you, the applicant, in need of food and clothing?
   ☐ Yes ☐ No
5. Are you, the applicant, in need of lodging, food and clothing?
   ☐ Yes ☐ No

Applicant Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt/Unit No: _____

City: _____ State: _____ Zip: _____

Home Phone: ____-_____ Alternate Phone: ____-_____

Veteran's Name *(if different than applicant)*: _____

Social Security or VA Claim Number: _____

Email Address: _____

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IDA

TO THE MEN AND WOMEN WHO SERVED

Mailing Address for Disaster Relief Check (only if home address is not available due to disaster)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt/Unit No: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____-_____ Alternate Phone: _____-_____

Description of Losses

☐ Temporary Lodging   ☐ Food   ☐ Clothing   ☐ Other (Please describe below)

Certification and Signature of Applicant

I certify the information provided to DAV is true and correct to the best of my knowledge.

Applicant Signature: _____ Date of Signature: _____

Revised January 9, 2015

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