



VETERAN ASSISTANCE COMMITTEE

Request for Reimbursement/Disbursement of Funds

(All applications are individually reviewed on a case-by-case basis. Applying does not guarantee approval)

Name of Applicant: (Print) _____

REASON FOR FINANCIAL HARDSHIP
Please describe what happened that has created the financial hardship. Attach additional documents as necessary.

REQUESTING ASSISTANCE (attach bills)		
Expense: rent, hotel, mortgage, water, gas, electricity, automobile, food, etc	Amount	
	\$	
	\$	
	\$	
	\$	
REQUIRED FIELD- Other agencies I have applied to or are currently working with for assistance.		
Agency	Point of Contact	Phone Number



**VETERAN ASSISTANCE COMMITTEE
TERMS & CONDITIONS**

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Please initial each line acknowledging your understanding of this process.

1. _____ I certify that all the information provided by me in connection with my application, whether on this document or not, is true and correct, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to award, or if awarded, for repayment of award in full. FEDERAL FALSE CLAIMS ACT- 31 USC 3729-3733.) Updated August 2010 an incorporating passage of Pub. L. No. 111-203, 124 Stat. 1376) 3729, False claims- (a) Liability for certain acts. (1) In general. Subject to paragraph (2) any person who—(A) knowingly presents, or causes to be presented, a false or fraudulent claim is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000 as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104-410), plus 3 times the amount of damages which the Government sustains because of the act of that person.

2. _____ I authorize any of the persons or organizations referenced in this application to give you any and all information concerning the information I have provided, personal or otherwise, with regard to any of the subject of this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

3. _____ I agree to allow the Veterans Assistance Program (VAP) to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by VAP personnel.

4. _____ I understand that I should submit updated information as I receive it while my application is being processed. Any bill that cannot be independently verified will not be paid. Receipts, handwritten invoices, statements with \$0 due, and notice of automatic withdrawal will not be accepted.

5. _____ I understand that if I fail to submit requested documents **within 30 days of request** and I have not corresponded with the Chapter during that time, my application will expire, and I will not be notified of the expiration.

6. _____ I understand that the primary purpose of the VAP is to meet the unique and urgent needs of Texas military/veterans and their immediate family members that meet our eligibility requirements as outlined in 1 and 2, and that **VAP is not a wage replacement due to unemployment nor is it a pension or entitlement program based on veteran status.**



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7. ____ I understand and give my full permission to have a civil law and/or criminal history check at no cost to me conducted as the Chapter deems necessary for the processing and administration of my application for a grant.

8. ____ I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

9. ____ I understand that I will send legible copies of original documents only as entire application and all supporting documents will not be returned.

10. ____ I agree to hold the DAV Chapter, DAV Department of Texas, Disabled American Veterans their agencies, officers, employees, agents, sponsors, and subordinate units harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss or perceived loss that may occur.

11. ____ If approved for a grant, I understand that my name and situation may be used to advertise, solicit, promote veteran’s issues and thank donors of the program. I understand that I will be contacted by a Chapter representative in this event.

12. ____ Due to privacy concerns, status check requests for applications must be made by email while your file is being processed. Status checks by phone will be denied, and you will be directed to correspond your status check by email to dav.alamo5sa@gmail.org. Please include your full name in the request. We will let you know the status of your application as soon as possible.

Applicant’s Signature

Date _____

Applicant’s Printed Name