FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

San Antonio Alamo Chapter 5

VETERAN ASSISTANCE REQUEST

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

Name of Applicant: (Print) _____

Address _____

Email _____ **Phone #** _____

REASON FOR FINANCIAL HARDSHIP
Please describe what happened that has created the financial hardship. Attach additional documents **Official DD 214** ☐ **Government-issued Photo ID Card Military/Veteran/Driver's License** ☐

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

Signature _____ **Date**_____

I verify the above information is true and correct. I will reimburse DAV Alamo 5 for all payments made to me or on my behalf if the information above is found to be inaccurate or fraudulently claimed. **Submit requests to dav.alamo5sa@gmail.com. Enter "Veteran Assistance Request" in the email subject line.**