



DEPARTMENT OF LOUISIANA, VFW

DISASTER RELIEF FUND APPLICANT INFORMATION:

DATE:_____ POST/AUX:_____ MEMBERSHIP #:_____

Full Name:

Last First M.I.

Address:

Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Cell Phone: ()

WHERE TO SEND DISASTER FUNDS IF APPROVED?

:Relocated Address:

DISASTER INFORMATION:

Please check the type of disaster & list the damages incurred:

- ☐ Fire ☐ Hurricane ☐ Tornado
☐ Flooding ☐ Other:_____

List of damages: (Please submit any photos you have for proof)

Will Home Owners Insurance or any other type of insurance cover the lost?

- ☐ Yes ☐ No Why?_____

Have you applied for FEMA Assistance?

- ☐ Yes Amount Received:_____ ☐ No Why? _____

Please sign and date the application to verify that the information you have submitted herein is true to the best of your knowledge, and that you understand that funds are limited and the demand is great. Funds will be apportioned on an "As Needed" basis.

Signature:_____ Date:_____

BELOW FOR DEPARTMENT DISASTER COMMITTEE:

RELIEF AMOUNT: \$_____ CHECK #:_____ DATE MAILED:_____

APPROVED:_____ DISAPPROVED:_____ WHY?_____