

**PLEASE DO A SAVE AS OR COPY THIS FORM SO THAT
IT CAN BE FILLED OUT ON THE COMPUTER.
DO NOT MAKE CHANGES TO THE ORIGINAL FORM
YOU MAY PRINT OUT THE FORM AND WRITE IN THE
INFORMATION.**

**EMERGENCY AND DISASTER
RELIEF FUND
MONETARY ASSISTANCE**

STATEMENT OF POLICY

It is not the intent of the Emergency/Disaster Fund to cover all expenses but to provide early cash money for immediate needs. When your primary residence is involved in an Emergency/Disaster.

Definition of Emergency Disaster:

Any happening that causes loss of property (residence) or extensive damage to property in estimated excess of \$5,000.00. This does not have to be a declared State or National disaster. Individual and/or local occurrences would qualify for assistance, one claim per household per incident, maximum twice in one given year.

Who is Eligible?

Wisconsin VFW and/or Auxiliary members in good standing.

Monetary Assistance:

A flat allocation to be set by Department based on availability of funds, currently \$300.00 to \$750.00 for immediate needs. More moneys could be made available under certain conditions and situations with Department approval. This should be applied for separately, directly to Department Headquarters.

Application for Assistance:

Simple application forms for assistance from this program will be made available through the VFW Post Commander and Quartermaster. Verification for assistance will come through your Post Officers to the Department Emergency and Disaster Chairman/Department Headquarters for final verification and payment.

This is not a lengthy or complicated process, nor should it be.

(Please contact your Emergency & Disaster Chairman for specific questions, details, allowances, one each given occurrence)

A T T E N T I O N

Unless restricted due to a physical or mental impairment, all applications must be filled by the applicant. This is asked, to prevent others doing so without the recipients knowledge / permission.

July 2018



VFW DEPARTMENT OF WISCONSIN – DISASTER RELIEF FUND APPLICATION
FOR VFW POST AND AXILIARY MEMBERS ONLY (PAYMENT SUBJECT TO FUNDS AVAILABLE)

Please fill out the top portion of this application completely
In clear print or typed to avoid any delays.
 You must send this application within 30 working days of
 The disasterTO:

Current Chairperson in latest Department Roster

Lee Otto
N1720 Walton RD
Watertown, WI 53098

APPLICANT - PLEASE INSERT NEW OR TEMPORARY ADDRESS
WHERE YOU ARE RECEIVING MAIL (IF NECESSARY) DA TE _____

NAME _____

ADDRESS _____

PHONE NO _____ **VFW / AUX CARD #** _____

POST / **AUX.** **NO.** _____ **LOCATION** _____

TYPE OF DAMAGE / DISASTER _____

DA TE DISASTER HAPPENED _____ **ESTIMATED DOLLAR LOSS \$** _____

WE UNDERSTAND THAT MY SIGNATURE CONSITUTES VERIFICATION OF THE APPLICANT'S NEED
 AND THAT THEY ARE A MEMBER IN GOOD STANDING (DUES PAID) OF A VFW POST OR
 AUXILIARY AND THAT WE ARE SIGNING IN GOOD FAITH TO THE BEST OF OUR KNOWLEDGE.

INDICATE -POST CDR SR. VICE JR. VICE / OR AUX. _____

TWO OFFICERS MUST SIGN HERE _____ **&** _____

PLEASE DO NOT WRITE BELOW THIS LINE – DEPARTMENT USE ONLY

DATE RECEIVED ____/____/____ **ACCEPTED** **REJECTED**

AUTHORIZED X _____ **OFFICE** _____

RELIEF AMOUNT \$ _____ **CHECK NO.** _____ **DATE OF CHECK** ____/____/____

MAILED TO: _____ **ADDRESS:** _____

COMMENTS: _____