



Paralyzed Veterans  
of America

# Disaster Relief Form

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Second point of contact or location where you can be reached:

\_\_\_\_\_

PVA Member: Yes  No

PVA Chapter (if member): \_\_\_\_\_

Are you service-connected: Yes  No

Branch of service: \_\_\_\_\_

Nature of disability:

\_\_\_\_\_

Name, address, and phone number of insurance company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason assistance is required (check all that apply):

Accessibility Modifications  Temporary Shelter  Prosthetic Appliances

Transportation  Medical Supplies  Food

Please attach on a separate sheet an explanation of the damages sustained from the natural disaster and an itemized list of the cost of damages to include expenses paid for replacement items, i.e., cost of repairs to roof, food expenses, etc. Also include the following statement:

*I certify that the assistance requested is the result of \_\_\_\_\_, and that I am not receiving reimbursement of expenses from other sources. If funds are received (from insurance, etc.) to cover loss, I will reimburse PVA. By signing this application, I authorize agents of Paralyzed Veterans of America to independently verify the truth of the statements I have made both on this application and orally during the application process. I also understand that any misrepresentation of material fact may result in the voiding of my eligibility for funds. I understand that such misrepresentation will require me to reimburse Paralyzed Veterans of America the funds given to me.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



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# Disaster Relief Fund Member Application

**APPLICATION MUST BE SIGNED BY THE CHAPTER PRESIDENT AND NSO.**

Chapter/President/Designee Approving: \_\_\_\_\_

National Service Officer Approving: \_\_\_\_\_

**PVA OFFICIAL — Briefly describe how assistance was verified (i.e., pictures, visited applicant's residence, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



***PVA OFFICIAL USE ONLY***

Approved  Denied  Amount Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Associate Executive Director, Veteran Benefits Department