

**VFW DEPARTMENT OF IOWA - DISASTER RELIEF FUND APPLICATION**  
**FOR VFW POST AND AUXILIARY MEMBERS ONLY** (PAYMENT SUBJECT TO FUNDS AVAILABLE)

Please fill out the top portion of this application completely in clear print to avoid any delays

Department Emergency and Disaster Chairman  
**Department of Iowa - State Headquarters - 3601 Beaver Ave., Des Moines, IA 50310**  
**PH. (515) - 255-2139**

APPLICANT CHECK ONE - VFW \_\_\_\_\_ AUXILIARY \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. (\_\_\_\_) \_\_\_\_\_ VFW/AUXILIARY CARD # \_\_\_\_\_

TYPE OF DAMAGE/DISASTER \_\_\_\_\_

DATE THE DISASTER HAPPENED \_\_\_\_/\_\_\_\_/\_\_\_\_ ESTIMATED DOLLAR LOSS: \$ \_\_\_\_\_

I UNDERSTAND THAT MY SIGNATURE CONSTITUTES 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 I AM SIGNING IN GOOD FAITH TO THE BEST OF MY KNOWLEDGE.

INDICATE - POST COMDR. ( ) SR. VICE ( ) JR VICE ( ) OR AUX. \_\_\_\_\_

MUST BE SIGNED BY ONE OF THE ABOVE X \_\_\_\_\_

INDICATE - POST SERVICE OFFICER ( ) CHAPLAIN ( ) OR AUX. \_\_\_\_\_

MUST BE SIGNED BY ONE OF THE ABOVE X \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE • DEPARTMENT USE ONLY!

DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ ACCEPTED \_\_\_\_\_ REJECTED \_\_\_\_\_

APPROVED BY X \_\_\_\_\_ OFFICE \_\_\_\_\_

RELIEF AMOUNT \$ \_\_\_\_\_ CHECK NO. \_\_\_\_\_ DATE OF CHECK \_\_\_\_/\_\_\_\_/\_\_\_\_

MAILED TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMMENT \_\_\_\_\_