

DEPT OF NC RELIEF GRANT APPLICATION – FOR POST/ DISTRICT RELIEF

ALL APPLICATIONS ARE INDIVIDUALLY REVIEWED ON A CASE BY CASE BASIS. SUBMISSION OF AN APPLICATION DOES NOT GUARENTEE APPROVAL OR PAYMENT OF FUNDS

POST/DISTRICT INFORMATION:

NAME, NUMBER,
DISTRICT _____

ADDRESS: _____

CITY _____ STATE ____ ZIP _____

PHONE _____ EMAIL _____

COMMANDER'S
NAME(PRINT) _____

PLEASE COMPLETE THE INFORMATION BELOW AND PROVIDE AS MUCH DETAIL AS POSSIBLE. FAILURE TO PROVIDE INFORMATION REQUESTED MAY RESULT IN DELAY OR DENIAL OF APPLICATION.

WHAT IS THE CAUSE OF THE FINANCIAL HARDSHIP? _____

DESCRIBE THE EXPENSES YOU NEED ASSISTANCE WITH: _____

AMOUNT OF FUNDS REQUESTED (\$1,500 Limit): _____

WHAT IS THE BALANCE OF POST/DISTRICT ACCOUNTS? (INCLUDE ALL BANK FUNDS, CIDS, INVESTMENTS, ETC):

GENERAL FUND: _____ RELIEF FUND: _____

ALL OTHER FUNDS COMBINED: _____

PROPERTY VALUE: _____ MORTGAGE BALANCE: _____

BALANCE OF ALL SAVINGS, CIDS, INVESTMENTS, ETC: _____

ANY OTHER HOLDINGS NOT LISTED ABOVE: _____

ASSISTANCE RECEIVED FROM OTHER POSTS/DISTRICTS: _____

FUNDS RAISED THROUGH FUNDRAISING ACTIVITIES: _____

Please attach/submit last two (2) quarterly Trustee Audits with application.

WEEKLY/MONTHLY INCOME:

CANTEEN: _____

KITCHEN: _____

BINGO: _____

MISCELLANEOUS (ALL OTHER): _____

TOTAL INCOME _____

WEEKLY/MONTHLY EXPENSES:

MORTGAGE: _____

UTILITIES: _____

PHONE: _____

CABLE: _____

INTERNET: _____

INSURANCE: _____

VEHICLE: _____

FOOD: _____

ALCOHOL: _____

LOANS: _____

BINGO SUPPLIES: _____

MISCELLANEOUS (ALL OTHER): _____

TOTAL EXPENSES _____

WE, THE UNDERSIGNED, FULLY UNDERSTAND THAT THE REQUESTED FUNDS ARE TO BE USED FOR THE STATED PURPOSE AND FURTHER AGREE TO ABIDE BY ALL REQUIREMENTS OF THE NORTH CAROLINA VFW RELIEF FUND PROGRAM. POST APPLICATIONS MUST BE SUBMITTED THROUGH THE DISTRICT AND THE DISTRICT COMMANDER AND DISTRICT QUARTERMASTER MUST SIGN THE APPLICATION.

(Sign) _____

(Sign) _____

(Print) _____

(Print) _____

POST COMMANDER

DISTRICT COMMANDER

(Sign) _____

(Sign) _____

(Print) _____

(Print) _____

POST QUARTERMASTER

DISTRICT QUARTERMASTER

DATE _____

DATE _____