



DEPARTMENT OF LOUISIANA, VFW

DISASTER RELIEF FUND APPLICANT INFORMATION:

DATE: _____ POST: _____ 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
- Flooding
- Hurricane
- Other: _____
- Tornado

List of damages: (Please submit any photos you can 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? _____

If you would like to receive your Disaster Relief via ACH Payment (Direct Deposit) please fill out the form on the back of this application. Otherwise you will receive your Disaster Relief by Check mailed to the address listed above.

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? _____

**Veterans of Foreign Wars
Department of Louisiana**

**Direct Deposit Enrollment Form
(ACH Payment for Expense Voucher)**

Payee Name:_____

Address:_____

City, State, Zip:_____

Financial Institution Information:

Financial Institution Name: :_____

Routing #:_____

Account #:_____

CHECK ONE: **Checking** **Savings**

Authorization:

I authorize the Veterans of Foreign Wars Department of Louisiana and the financial institution listed above to credit my Expense Voucher Reimbursement Payment into my account. This authorization also includes my consent to allow Veterans of Foreign Wars Department of Louisiana to initiate debit entries for adjustments on any credit entries made in error to my account indicated above. I have provided a copy of a voided check solely for the purpose of verifying my account number and the Financial Institution's routing number.

Payee Signature:_____ **Date:**_____