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Veterans-For-Change

Veterans-For-Change is a A 501(c)(3) Non-Profit Organizaton Tax ID #27-3820181 CA Incorporation ID #3340400 CA Dept. of Charities ID #: CT-0190794

If Veteran's don't help Veteran's, who will?

We appreciate all donations to continue to provide information and services to Veterans and their families.

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OKLAHOMA DEPARTMENT OF VETERAN AFFAIRS APPLICATION FOR FINANCIAL ASSISTANCE

125 South Main, Rm. 1B38

Muskogee, Oklahoma 74401

				Applicat	tion Date	
1. <u>Name of Veteran</u>	Address			City		
State Zip Code 2. VA Claim #	SS#		Entry Date	Discharge Date	DOB	
3. Occupation Date of	of Last <u>Fulltime</u> Em	ployment Name	& Address of Em	ployer		
4. Name of Spouse	Spour	se SS#	DOB	Telephone	#	
 Has claimant been an Oklahoma resider 				-		
7. <u>We have the following Monthly income</u>	:	(Veteran)		(Spouse)		
a. Employmentb. Veterans Administrationc. Social Securityd. Insurance, Retiremente. Department of Human Services	\$ \$ \$		\$ \$		 	
 8. Do you draw commodities? Yes 9. \$ or \$ Monthly Rent or \$ 		-				
10. \$ or Monthly Utilities Make & M	Iodel of Vehicle			\$ 	onthly Pay	ment
 11. Other Financial Obligations 12. Has veteran been treated in the past 3 			Where <u>el</u>	<u>se</u> have you applied for o, diagnosis?		
13. Where did you receive treatment?						
14. List all dependents living in the home	:					
<u>Name</u>	<u>Relationship</u>	Age <u>N</u>	<u>Name</u>	<u>Relat</u>	<u>ionship</u>	Age

15. Do you pay child support? Yes _____ No _____ Amount \$ _____

<u>WARNING</u>: "The War Veterans Commission may, in cases of fraud, misrepresentation or withholding of information, BAR the applicant from future benefits, or refer to the Attorney General of Oklahoma for prosecution."

16. Under of penalty of prosecution, I certify the information listed on this application is correct and I have read the above warning.

Signature of Applicant

17. I authorize the Oklahoma Department of Veterans Affairs to obtain any and all information from my records with the U.S. Department of Veterans Affairs to assist in the processing of this application.

Signature of Applicant

POST OR CHAPTER INVESTIGATION AND RECOMMENDATION

18. Please, give a brief report with recommendations:

		Shelter \$		
		Food \$		
Two Post/Chapter Officials must sign on	the following line.			
Print Name with Signature and Title	Print Nam	e with Signature and Title		
Organization	Post/Chapter Address Warrant should be mailed to:			
Post or Chapter #				
Town				
County				

Instructions

- 1. Submit Photo static copy of Wartime Service.
- 2. Medical Emergency submit medical statement covering veteran's physical condition.
- 3. Hardship submit statement and evidence of why veteran is having hardship.
- 4. Widow submit copy of death certificate. (If veteran has been deceased for longer than one (1) year, submit hardship information.)
- 5. For fire or natural disasters submit a Fire Report or report form the agency investigating the incident.

REQUIREMENTS FOR ELIGIBILITY

- 1. You must have 90 days of Wartime Service.
- 2. You must be a resident of the State of Oklahoma for at least 1 year.
- 3. You must have been Honorably discharged.

Application for aid available through the Oklahoma Department of Veterans Affairs must originate at the local post or chapter of the veterans service organization.