

NAKAIBETO VETERANS ORGANIZATION
VETERANS CHAPTER ASSISTANCE REQUEST FORM

Name of Veteran : _____ Branch of Service: _____

Date: _____ Address: _____

Phone (Cell): _____ Phone (Home): _____

Eligibility Requirement:

- Must submit a copy of DD-214 – (215) or copy of final Discharge Certificate
- Must submit a copy of Certificate Of Indian Blood (CIB)
- Must be a registered voter of Mexican Springs Chapter
- All documents are on file with Mexican Springs Chapter

Type of Assistance you are requesting for:

- | | |
|---|---|
| <input type="checkbox"/> Utilities _____ | <input type="checkbox"/> Septic Cleaning |
| <input type="checkbox"/> Propane _____ | (Company Name) _____ |
| <input type="checkbox"/> Wood Pellets _____ | <input type="checkbox"/> Home Improvement |
| <input type="checkbox"/> Load of Wood _____ | (Must have 3 estimates attached) _____ |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Medical Travel VA Hospital |
| | (Date of Appt.) _____ |
| | (Name of Hospital) _____ |

You are:

- A Veteran widow requesting for Assistance. Your name: _____
- A Gold Star Mother requesting for assistance. Your name: _____
- Requesting for Burial or Funeral Assistance. Name of Deceased: _____

I hereby attest that all the information provided is true and correct with all necessary documents are attached. I understand that if any missing documents are not attached, this application will be denied.

Applicant Signature _____ Date _____

- Approve**
- Disapproved**(reason) _____

By Commander or Vice Commander: _____ Date _____