



**American Legion and Auxiliary
Central Relief Committee of Bergen County, NJ
Application for Financial Relief**



Circle One:
Post Unit Family Member

<i>For Committee use only</i>	
Case No.	_____
Date Received	_____

Application is hereby made for:

Name _____ Phone # _____

Address _____

Member ID# _____ (if applicable)

If filing on behalf of applicant, enter your name, address, phone number and relationship.

Veterans only need fill in service information:

Date Entered Service _____ Date Discharged/Retired* _____

Serial number _____ Branch of Service _____

Occupation _____ Employed by _____

**Attach a copy of your discharge papers*

State in detail, your reason for applying, and what the required necessities are for emergency aid:

Names of dependents:		Relationship	Age
Fixed Assets (home, car, investments, etc.)		Monthly Expenses:	
VALUE	ASSET:	AMOUNT	FOR:
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
Monthly Income (list ALL)		\$	
AMOUNT	FROM:	\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$	TOTAL INCOME	\$	TOTAL EXPENSES

I hereby certify that the statements made in this application are true and complete to the best of my knowledge and belief. Signature of Applicant: _____

Witnessed: _____ Title: _____



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Application Checklist



Applicant's name: _____ Post or Unit: _____

Social Security Number: _____ Age: _____

Spouse's name: _____ Occupation _____

(The following Questions need to be answered.)

<i>Does The Applicant have the following?</i>	<i>yes/no</i>	<i>If yes what and how much</i>
Medical Insurance		
Sick Leave Benefits		
Union Benefits		
Social Security Benefits		
Compensation or Disability Benefits		
Medicare or Medicaid Benefits		
Aid and Assistance Life Line Credit		
Aid from any veteran's or fraternal Organization		
Receiving aid from town or county		
Has other income		

<i>Has the applicant applied for the following:</i>		
Admission to V. A. Hospital or Home		
V. A. Pension		

I hereby certify that the statements made in this application are true and complete to the best of my knowledge and belief.

 (Signature of Service Officer, Commander or President)

 Title