



Hudson Valley Veterans Alliance Request for Assistance

Date: _____ Referred By: _____

Veteran Name: _____ Date of Birth: _____

Branch of Service: _____ Dates of Service: _____

Condition of Discharge _____

Address: _____

_____ County: _____

Phone 1 : _____ Phone 2 : _____

Circle One: Home, Cell or Work

Circle One: Home, Cell or Work

Email Address: _____

Type of Assistance You Need: Housing Financial Vehicle Other

Expenses: _____

_____ Total: _____

Income: _____

_____ Total : _____

Hardship: _____

Are you homeless or in danger of becoming homeless? Yes No Uncertain

Signature and Date

Release of Information

I, _____, Do or Do Not give permission to Hudson Valley Veterans Alliance to use my information to obtain assistance from other veteran services agencies.

I Do or Do Not authorize the use of my image and/or information (without personal details) to be used on social media. Personal details such as name, address, financial data will not be disclosed.

Assistance Rendered/Agencies referred to: _____
