



**Hudson Valley Veterans Alliance
Request for Assistance**

6/6/22

Date: _____ Referred by: _____

Veteran Name: _____ Date of Birth: _____

Branch of Service: _____ Dates of Service: _____

Discharge: _____

Address: _____

County: _____

Phone Number: _____

Email Address: _____

Hardship: _____

Amount Requested: _____

Income: _____ Expenses: _____

Are you Homeless or at risk of becoming homeless: YES NO

Signature _____ Date: _____

Release of Information

I, _____, Do Do not give permission to Hudson Valley Veterans Alliance to use my information to obtain assistance from other Veteran Service Agencies.

I Do 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, and financial data will not be disclosed.

Agencies Referred to: _____
