

Application for Assistance from the Committee for the Families of War Veterans Program

Dear Applicant

We ask that you fill out this application to help us determine if you qualify for monetary assistance from our organization. Please fill out this application completely and as accurately as possible. If you need assistance we will provide help for you. All information obtained in this application will be kept confidential.

Person applying for applicant [if not Applicant]: _____

Applicants Name: _____

Street Address: _____

City: _____ **State:** _____

Zip Code: _____ **Home Phone:** _____

Cell Phone: _____ **DOB:** _____ **Marital Status:** _____

Current Employment: _____

Dependents: [Names, relationship to applicant, age]

Please explain your need:

PHONE: 800-221-4742

FAX: 845-271-3446

EMAIL: DANO@OKANEENTERPRISES.COM & FRONTDESK@OKANEENTERPRISES.COM

MAIL: COMMITTEE FOR THE FAMILIES OF WAR VETERANS

55 WEST RAILROAD AVE., BLDG. 24C – FIRST FLOOR, GARNERVILLE NY 10923

Please forward copies of debts/income and DD214 with application.

Assistance excludes personal transportation vehicles and credit card debt.

