



**Paralyzed Veterans
of America**

North Central Chapter

Hardship Grant Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Disability: _____

Service Connected: Y / N Age: _____ Married: Y / N # Dependents _____

Total Household Income: _____

Primary Income Source: _____

Additional Income Sources: _____

Available Personal/Family Assets:

Are you a current member of PVA North Central Chapter? Y/N

Amount Requested: _____

Requested Assistance: _____

Have all VA Benefits, all state and federal governmental agency benefits, and/or benefits or funds from private entities, been exhausted prior to submitting this request? Y/N

Date of last contact with your PVA National Service Officer: _____

I verify that the above information and any other information and/or documentation submitted to support my application for the Hardship Grant, is accurate to the best of my knowledge.

Signature

Date