



# APPLICATION FOR GRANT FROM THE OREGON VETERANS' EMERGENCY FINANCIAL ASSISTANCE PROGRAM

Veterans' Services Division  
Department of Veterans' Affairs  
700 Summer St. NE  
Salem, OR 97301-1285

The following information is submitted in support of my application for a grant from the Oregon Veterans' Emergency Financial Assistance Program (OVEFAP), administered by the Director of Veterans' Affairs.

APPLICANT'S INFORMATION			
Name of Applicant		Telephone Number	
Street Address			
City	County	State	Zip Code
Date of Birth	Place of Birth		
DISABLED VETERAN'S INFORMATION (if applicable)			
VA Claim Number	Disability Rating	File is Located at VA Regional Office in (City)	
C-	%		
MILITARY SERVICE			
From (Date)		To (Date)	
Branch of Service	Social Security Number	Serial Number	
From (Date)		To (Date)	
Branch of Service	Social Security Number	Serial Number	
GRANT INFORMATION			
Requested Grant Amount	Type Reason(s) Below:		
\$			
<p>I certify that the above information is true and correct to the best of my knowledge.  I understand that if I have intentionally submitted invalid, incomplete or fraudulent information in this application, or use these funds for purposes other than those indicated above, ODVA may require immediate reimbursement of all or some of these funds.</p>			
Signature of Applicant		Date Signed	
X			

