

15. Do you pay child support? Yes _____ No _____ Amount \$ _____

WARNING: "The War Veterans Commission may, in cases of fraud, misrepresentation or withholding of information, BAR the applicant from future benefits, or refer to the Attorney General of Oklahoma for prosecution."

16. Under of penalty of prosecution, I certify the information listed on this application is correct and I have read the above warning.

Signature of Applicant

17. I authorize the Oklahoma Department of Veterans Affairs to obtain any and all information from my records with the U.S. Department of Veterans Affairs to assist in the processing of this application.

Signature of Applicant

POST OR CHAPTER INVESTIGATION AND RECOMMENDATION

18. Please, give a brief report with recommendations:

_____	Shelter \$ _____

_____	Food \$ _____

_____	Utilities \$ _____

_____	Total \$ _____

Two Post/Chapter Officials must sign on the following line.

Print Name with Signature and Title

Print Name with Signature and Title

Organization _____ **Post/Chapter Address Warrant should be mailed to:**

Post or Chapter # _____

Town _____

County _____

Instructions

1. Submit Photo static copy of Wartime Service.
2. Medical Emergency – submit medical statement covering veteran’s physical condition.
3. Hardship – submit statement and evidence of why veteran is having hardship.
4. Widow – submit copy of death certificate. (If veteran has been deceased for longer than one (1) year, submit hardship information.)
5. For fire or natural disasters – submit a Fire Report or report form the agency investigating the incident.

REQUIREMENTS FOR ELIGIBILITY

1. You must have 90 days of Wartime Service.
2. You must be a resident of the State of Oklahoma for at least 1 year.
3. You must have been Honorably discharged.

Mail completed application to: Oklahoma Department of Veterans Affairs
125 South Main, Room 1B38
Muskogee, OK 74401
Attn: Financial Assistance Division