



VIETNAM VETERANS OF AMERICA  
DETROIT CHAPTER 9

***Veteran in Need of Assistance Request***

Requestor's Name: \_\_\_\_\_  
(First) (Last)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to Chapter 9? \_\_\_\_\_

Are you a member of VVA Chapter?  Yes  No If yes, enter Chapter # \_\_\_\_\_

Attach a Copy of your DD-214 Form

Explanation of Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Tax ID#, (if applicable) \_\_\_\_\_

Attach a copy of any invoices or other supporting documentation

By signing this form you attest that all information you have entered is correct. After review, a VVA9 Chapter member will be in contact with you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send request to: ***Treasurer, VVA9, 500 Temple Street Room 4M - Detroit, MI 48201***

VVA9 Form # VIN-1, Rev 7/20

***"Never again will one generation of veterans abandon another."***