

**THE AMERICAN LEGION  
DEPARTMENT OF FLORIDA  
HURRICANE RELIEF FUND**

**PLEASE READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY**  
**NOT FOLLOWING DIRECTIONS COULD DELAY PROCESSING**

**INDIVIDUAL GRANTS:** Grants from this fund provide immediate, emergency assistance to American Legion members, Sons of The American Legion members, active duty military and our veterans in areas devastated by a declared national disaster. Membership in The American Legion is NOT required to receive assistance. (Active Duty / Veterans must meet membership eligibility requirements and classified as having an honorable discharge or honorable separation) Non-Members must submit their DD 214. Eligible applicants are reimbursed for disaster related costs. *These funds are not designed for insurance compensation or to cover monetary losses from a business, structures on your property (barns, tool sheds), equipment or vehicles.* Only one grant per household (up to \$1,500) will be approved.

**REQUIRED APPLICATION INFORMATION:** Department Headquarters must have sufficient, documented information to justify the need. The application must be filled out **completely and accurately**. If needed, attach additional sheet(s) for supporting data (DD 214, photos, receipts for temporary lodging and food, work estimates, etc.). NOTE: Grant requests must be submitted to Department Headquarters by January 31, 2018.

**DISTRIBUTION OF COPIES:** Applicant will forward original application and all supporting documentation to Department Headquarters for processing. Keep a copy of everything for your records. **Make sure you have included proper documentation and photos of hardship to help justify the grant request.**

**RECOMMENDATION/SIGNATURE OF HURRICANE RELIEF GRANT APPLICATION:** After reviewed by Department, if additional information is needed, the Department will either call or return the application to the individual member for resubmission. If the application is properly completed, a recommendation will be made and signed by either the Department Adjutant or Department Assistant Adjutant. When approved, a check will be issued.

If any of the above criteria has not been met, the application will be rejected.

**IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THIS APPLICATION,  
CONTACT YOUR DEPARTMENT HEADQUARTERS FOR HELP.**

(Revised October 18, 2018)



# The American Legion, Department of Florida Hurricane Relief Fund



## Application For (Check Only One):

Legion Member    SAL Member    Non-Member (Active Military / Veteran)

**PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING FORM**

DATE OF DISASTER: \_\_\_\_\_ TYPE OF DISASTER \_\_\_\_\_ COUNTY \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (MI)

Damaged / Evacuated Address \_\_\_\_\_  
Physical Address (Street Address) (City) (State) (Zip)

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email Address \_\_\_\_\_

American Legion Membership ID # \_\_\_\_\_ Post # \_\_\_\_\_

Non-Member (Active Military / Veteran) Please Check Appropriate Eligibility Dates and Branch and Date of Service Below (**Must Be Eligible to Become a Member. See Instructions**):

- |  |   |
|--|---|
| <input type="checkbox"/> Aug. 2, 1990 – Present        | <input type="checkbox"/> U.S. ARMY        |
| <input type="checkbox"/> Dec. 20, 1989 – Jan. 31, 1998 | <input type="checkbox"/> U.S. Marines     |
| <input type="checkbox"/> Aug. 24, 1982 – July 31, 1984 | <input type="checkbox"/> U.S. NAVY        |
| <input type="checkbox"/> Feb. 28, 1961 – May 7, 1975   | <input type="checkbox"/> U.S. Air Force   |
| <input type="checkbox"/> June 25, 1950 – Jan. 31, 1955 | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> Dec. 7, 1941 – Dec. 31, 1946  |   |
| <input type="checkbox"/> April 6, 1917 – Nov. 11, 1918 |   |

Damages / Description Of Loss (**Include Supporting Documentation: i.e., Photographs, Repair Estimates, Written Statements, etc.**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason Why Financial Assistance Is Needed (**i.e., Missed Work for Several Days, Evacuated / Displaced Expenses, etc. Include Receipts. See Instructions.**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Dollar Amount Requesting: \$ \_\_\_\_\_

Other Sources of Reimbursement: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
(Insurance, State/Federal Aid, Other Disaster Funds)

Current / Temp. Address: \_\_\_\_\_

How Can We Contact You?  Phone  Cell Phone  Email Address

**Applicant Signature:**

**Date:**

**FOR DEPARTMENT HEADQUARTERS USE:**

**Approve or Disapprove      Recommended Amount: \$ \_\_\_\_\_**

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

**Comments: \_\_\_\_\_**