

ALPHA FUND REQUEST FORM

Disabled Veteran ____ Elderly Veteran ____ Deployed Active Duty ____ Family Member ____

Veterans must be honorably discharged. Please include a copy of DD-214

Date: _____ Contact Person: _____

Veteran's Name: _____ Requesting Squadron: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Occupation: _____ Contact Person: _____

Disability: _____ Currently Receiving VA Benefits? _____

Last Years Reported 1040 Income (attach a copy of the first page of 1040) \$ _____
Annual Income must be below \$20,000

Detailed Description of Project: _____
(Attach photo of pre-construction site)

Estimated Materials Cost (attach a copy of material list and supplier's quote) \$ _____
Include cost of any building permits

Will any of the estimated cost be covered by any other funds i.e. fund raiser, private donations, VA Benefits etc.?

YES _____ NO _____

If Yes, what is the amount you will receive? \$ _____

Amount Requested (Subtract other funds received from estimated cost) \$ _____

For Department Use Only

Request Approved _____ Amount Paid _____
Alpha Chairman or Designate Signature

Payment Voucher Approved _____ Check Number _____
Detachment Finance Officer's Signature Date _____