Application for Veterans Assistance

Fill out entire application. Mail this form and a copy (please, no originals) of DD214 or NGB Form 22 (or equivalent) to:
EANGUS, ATTN: Frank Yoakum
1 Massachusetts Ave NW, Suite 880
Washington, DC 20001-1401

Each application will be approved or disapproved based upon the information provided by the applicant. Please be sure to answer each item and do not send us any documents that need to be returned. Allow at least two (2) weeks for processing. Please DO NOT provide your Social Security number. Because of privacy issues, information on your application CANNOT be provided over the telephone.

1. Full name of individual requesting assistance (contact person):

2. Full Mailing Address: ________________________________________________________________

3. Email Address: ________________________________________________________________

4. Telephone Number: ______________________________________________________________

5. Explain your circumstances and why assistance is needed (documentation may be requested). An extra sheet of paper may be used if needed.

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Signature: ____________________________________________________________________________

Revised 20200425