STATE OF NORTH DAKOTA
**DEPARTMENT OF VETERANS AFFAIRS**
4201 38th Street SW, Suite 104; PO Box 9003
FARGO, NORTH DAKOTA 58106-9003

**Date:**

**Applicant Name:**

**Verified the applicant is a ND Resident Veteran:** ◯ Yes ◯ No

**Impact and Discretionary Funding Requests. Explain and provide the following**:

a. Clear and simple explanation of situation:

b. Summary of events leading to this situation:

c. Clear explanation of what is needed and time needed by:

d. List of all resources applied for. Which agencies will help and which are exhausted?

e. Clear plan that will leave the applicant in a good position to continue on without further assistance.

Name of representative and title:

Phone number: Email: