BUCKS COUNTY
# HOUSING GROUP

**Bucks County Housing Group Veterans Housing Assistance Program**
**Referral Form**

**(Email to eclare@bchg.org)**

**Date:** _____

**Referring Organization:** _____
**Contact Name:** _____
**Phone:** _____ **Email:** _____

**Name of Veteran:** _____
**Address:** _____
**Phone:** _____ **Email:** _____

**Veteran Status Confirmed by:**
DD-214*: _____ Bucks Veteran ID: _____ Other: _____
Service Branch: _____ Year of discharge: _____

**Please attach legible copy.*

**Reason for Referral** (Brief narrative – use additional pages if needed):
_____
_____
_____
_____
_____
_____
_____

Amount Requested: _____

Reviewed by program staff date: _____

Additional information: _____
_____

Notification to veteran: _____

Follow-up: _____