



**The Cost of Courage Foundation**  
**Military, Veteran, and Survivor Emergency Support Program**  
**Assistance Request Form**

**Section C:**

Why do you (or the intended recipient) require emergency assistance at this time?

**Section D:**

What is your annual household income?

**Section E:**

Please provide proof of service such as a DD-214, Employer Letter, or DD1300. (You may black out Social Security Numbers) - You may scan a copy and attach it to this form.  
Please do not submit originals.

**Section F:**

Signature of Requestor (Please Sign and Date this Form)

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