



Department of Veterans Affairs

**HOUSING RELIEF REQUEST**  
(Colmery Act Sections 107/501)

**INSTRUCTIONS:** Claimant must complete Items 1 through 4 and sign and date the form in Items 5A & 5B.

1. NAME OF CLAIMANT *(First, Middle Initial, Last)*

2. CLAIMANT'S MAILING ADDRESS *(Number and Street or Rural Route, P.O. Box, City, State, ZIP Code and Country)*

No. &  
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

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3. PREFERRED TELEPHONE NUMBER OF CLAIMANT *(Include Area Code)*

4. E-MAIL ADDRESS OF CLAIMANT *(Optional)*

5A. SIGNATURE OF CLAIMANT

5B. DATE SIGNED *(MM/DD/YYYY)*