



Building Dreams for Marines has been established to assist Marines who have honorably served and have a physically-limiting condition, with life-enhancing modifications to their homes. For our brave men and women who have lost some aspect of their mobility, Building Dreams for Marines steps in to provide no-cost planning, designing and building services. Please submit completed application to the following address:

Building Dreams For Marines
P.O. Box 1704
Nashua, NH 03061

Marine's Information

Name _____ Gender: M F

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Email address _____

Date entered active duty _____ / _____ / _____ Date released from active duty _____ / _____ / _____

Type of discharge Honorable Other Have DD214? Y N Rank: E ___ O ___ W ___

Have you applied for VA benefits: Y N VA rating _____

Home receiving updates owned by the Marine? Y N Can proof of home owners insurance be supplied? Y N

Not including disability compensation, have you applied for and/or received any other financial assistance from the VA? Y N

If you answered yes to the above question, please specify what financial assistance you received. _____

Have you, or are you currently receiving financial assistance from any other organization? Y N

If you answered yes to the above question, please specify what financial assistance you received. _____

How did you hear about Building Dreams For Marines? VA Website Word of mouth Other _____

Next of Kin's Information

Name _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Email address _____

Location of Needs

Type of Work Needed

1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

Taking Care Of Our Own Since November 10th, 1775

Please use the below area for any additional information that may help Building Dreams For Marines better accommodate your needs.

Attention to Orders: In order for this application to be considered, a copy of the Marine's DD214 (Member 4 Copy) and or equivalent discharge paper work if DD214 was never issued must accompany this application. If discharge documents are not provided this will result the application to be disqualified.

Disclaimer: On my own behalf and the behalf of my dependents, I fully and forever release, discharge, and hold harmless Building Dreams For Marines and its directors', officers, and advisors of and from any and all claims, demands, actions, causes of action, suites, controversies and liabilities of every kind and nature accruing to me or my dependents arising directly or indirectly from, or on account of, the activities and assistance of Building Dreams For Marines. I further authorize the use, and release and dissemination of my or my dependent's medical information and/or records for use by Building Dreams For Marines.

By placing a check in any of the following options, you are authorizing Building Dreams For Marines to use such information as their own. Please note that at minimum we will be taking pictures of the current state of the area(s) receiving modifications as well as pictures of the result of the modifications.

Marines Information	
<input type="radio"/> First Name	<input type="radio"/> Years of service
<input type="radio"/> Last Name	<input type="radio"/> War/Conflict service
<input type="radio"/> Gender	<input type="radio"/> Present picture
Address:	<input type="radio"/> Service picture
<input type="radio"/> Street	<input type="radio"/> Injury(s) which modifications addressed
<input type="radio"/> City/Town	
<input type="radio"/> State	

Additional Options
<input type="radio"/> If the option was presented, I would allow a public relations event to be held at the home of which the modifications had been done.
<input type="radio"/> If the invitation was presented, I, the Marine would like to accompany Building Dreams For Marines at an public event in the future.

Printed Name of Applicant

Signature of Applicant

 / /

Date

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