



Monroe County Veterans Office
118 Home Ave P.O. Box 542 Woodsfield, Ohio 43793
Phone: (740) 472-0743 Fax: (740) 472-2534
Email: monroe.veterans@monroecountyohio.com

FINANCIAL ASSISTANCE CHECKLIST

Basic Information for ALL Claims

- ⑩ DD-214 (all if multiple discharges) showing other than dishonorable discharge and at least 90 days active duty service
- ⑩ Proof of 90-day residency in Monroe County (utility bills, shelter letter, etc.)
- ⑩ State ID or Driver's License
- ⑩ Social Security Card
- ⑩ Household Verification Form and lease
- ⑩ Documents verifying name change (if applicable)

Income and Asset Information (last 30 days)

- ⑩ Payroll check stubs or wage reports
- ⑩ Unemployment compensation documentation
- ⑩ VA Pension or Compensation documentation
- ⑩ Social Security Income/Disability documentation
- ⑩ Retirement payments received (PERS/FERS, union or company pensions)
- ⑩ If self-employed, monthly profit and loss statements or quarterly estimated payments for taxes
- ⑩ Verification of all other types of income (rental income, child support, public assistance, worker's compensation, etc.)

Expense and Liability Information (last 30 Days)

- ⑩ Checking, savings, debit, Direct Pay Debit and credit union account activity
- ⑩ Estimates/receipts for unexpected expenses
- ⑩ Medical, vision, and dental bills
- ⑩ Current mortgage statement or lease
- ⑩ All current utility bills
- ⑩ Verification of all other expenses (auto payment, auto/home/health/life insurance, auto/home repairs, credit card statements, etc.)

Dependents

- ⑩ Social Security Card(s)
- ⑩ Marriage certificate / Divorce Decree / Separation Statement (if Applicable)
- ⑩ Birth and death certificates (if applicable)
- ⑩ Custody / Adoption paperwork (if applicable)

Other

- ⑩ Current letter from medical physician if unable to work
- ⑩ Police and fire reports (if applicable)

A Note on Fraud: Submission of any false information during the application process may lead to criminal prosecution, as well as automatic rejection of the application for aid. Every applicant seeking financial assistance from the Veterans Service Commission will be required to sign a statement indicating that all information submitted on the application is truthful and accurate. Clients who submit fraudulent case information may be prohibited for all future Veteran Service Commission assistance.

Monroe County Veterans Office

FINANCIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET

This application must be completed by answering all questions.

(Note: Disclosure of Social Security account numbers is voluntary, but failure to provide such information may affect your application for financial assistance.) Social Security numbers are used as secondary identifiers to determine an applicant's eligibility for assistance.

*****PLEASE FILL OUT ENTIRE FORM*****

1	Veteran's Name: Last First M.I.			SSN Last Four ONLY XXX-XX-_____	
	Occupation:				
2	DATE OF BIRTH:	DATE OF DEATH:	MARITAL STATUS:	DATE OF MARRIAGE:	DATE OF DIVORCE/SEPARATION (If applicable):
3	SPOUSE (MAIDEN NAME IF APPLICABLE)			SPOUSE SSN:	SPOUSE DATE OF BIRTH:
4	VETERANS ADDRESS (REQUIRED)		CITY:	STATE:	ZIP
5	DATE ESTABLISHED RESIDENCY IN THIS COUNTY: (PROOF REQUIRED)			TELEPHONE NUMBER (REQUIRED)	
6	PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:	HOW LONG?
7	NAME OF CURRENT LANDLORD/MORTGAGE CO.			TELEPHONE	FAX
IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:					
8	NAME:	RELATION TO VETERAN:		DATE OF BIRTH:	SSN Last Four ONLY XXX-XX-_____
9	ADDRESS:	CITY:	STATE:	ZIP:	TELEPHONE (AREA CODE)
MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)					
10	DATE FROM:	TO:	TYPE OF DISCHARGE:	BRANCH OF SERVICE:	VERIFIED (OFFICE USE ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DD214 <input type="checkbox"/> VA
11	DATE FROM:	TO:	TYPE OF DISCHARGE:	BRANCH OF SERVICE:	VERIFIED (OFFICE USE ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DD214 <input type="checkbox"/> VA

2 MUST BRING ALL APPLICABLE DOCUMENTS TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

Monroe County Veterans Office

WHAT ASSISTANCE ARE YOU REQUESTING TODAY?						
<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> Food	<input type="checkbox"/> Furniture				
<input type="checkbox"/> Gas Utility	<input type="checkbox"/> Clothing	<input type="checkbox"/> Home Repair				
<input type="checkbox"/> Electric Utility	<input type="checkbox"/> Hygiene	<input type="checkbox"/> Car Repair				
<input type="checkbox"/> Water/Sewer Utility	<input type="checkbox"/> Household goods	<input type="checkbox"/> Other				
LIST ALL RESIDENTS OF HOUSEHOLD						
12	NAMES:	Relationship	SS Numbers	DATE OF BIRTHS:	IN CUSTODY OF WHO:	PROVIDE SUPPORT? YES - NO
13						
14						
15						
16						
17						
18	HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER APPLIED FOR ASSISTANCE FROM ANY OTHER AGENCY IN THE LAST 30 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____					
19	AGENCY:			ASSISTANCE:		
20	AGENCY:			ASSISTANCE:		
EMPLOYMENT	VETERAN			SPOUSE	OTHER	
Employer Name:						
Employer Address:						
Employer Phone:						
Dates of Employment:						
Rate of Pay:	\$			\$	\$	
ARE YOU SEEKING EMPLOYMENT?				WHERE:	ARE YOU REGISTERED WITH JOB AND FAMILY SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NOT SEEKING EMPLOYMENT, EXPLAIN WHY:						
ASSETS						
TYPE	\$VALUE	TYPE	DESCRIPTION	\$VALUE	LOAN OWED	
CHECKING		HOME				
SAVINGS		OTHER PROPERTY				
CD		VEHICLE				
OTHER		VEHICLE				
OTHER		OTHER				

3 MUST BRING ALL APPLICABLE DOCUMENTS TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

Monroe County Veterans Office

INCOME AND EXPENSES					
PRESENT MONTHLY NET INCOME (Last 30 Days) (REQUIRED)		MONTHLY BILLS PAID (Last 30 Days) (REQUIRED)		ASSISTANCE REQUESTED (REQUIRED)	
				TYPE	AMOUNT
Wages – Veteran	\$	Food	\$		
Wages – Spouse	\$	Shelter	\$		
Wages – Children	\$	Water	\$		
Pension/Compensation	\$	Electric	\$		
Retirement Benefits	\$	Propane/Oil	\$		
Social Security – Veteran	\$	Telephone	\$		
Social Security – Spouse	\$	Cable	\$		
SSI	\$	Auto Payments	\$		
Welfare	\$	Insurances	\$		
Food Stamps	\$	Credit Accounts	\$		
Child Support	\$	Recurring RX/Medical	\$		
Unemployment Benefits	\$	Transportation	\$		
Workers Comp	\$	Day Care	\$		
All other income	\$	Child Support	\$		
	\$	Payday Loans	\$		
	\$	Rent to Own	\$		
	\$		\$		
	\$		\$		
Total	\$	Total	\$	Total	\$

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?	
<p><u>Loss of Income</u></p> <input type="checkbox"/> Loss of overtime <input type="checkbox"/> Time-Off without pay <input type="checkbox"/> Layoff, termination, quit employment <input type="checkbox"/> Garnishment <input type="checkbox"/> VA or Social Security overpayment <input type="checkbox"/> Loss of Social security or VA payment <input type="checkbox"/> Other (specify): _____	<p><u>Increase in expenses</u></p> <input type="checkbox"/> Home repair <input type="checkbox"/> Car repair <input type="checkbox"/> Medical Bill <input type="checkbox"/> Other: _____
<p><u>Do any of these circumstances apply?</u></p> <input type="checkbox"/> Victim of robbery/theft <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Unexpected medical situation	

I UNDERSTAND THAT FALSE STATEMENTS MADE ON THIS APPLICATION MAY LEAD TO PROSECUTION. I HAVE COMPLETED AND/OR REVIEWED ALL INFORMATION PERTAINING TO MY APPLICATION FOR FINANCIAL ASSISTANCE AND I CERTIFY THAT IT IS CORRECT TO THE BEST OF MY KNOWLEDGE. UNDERSTAND THAT BY SIGNING THIS APPLICATION I GIVE PERMISSION TO ANY GOVERNMENT ORGANIZATION TO REVIEW THE COMPLETE FINANCIAL FILE AND GIVES CCVSC PERMISSION TO OBTAIN INCOME AND EMPLOYMENT DATA FROM OTHER GOVERNMENT AGENCIES.

Applicant's Signature _____ Date Signed _____

4 MUST BRING ALL APPLICABLE DOCUMENTS TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

HOUSEHOLD VERIFICATION FORM

Tenant's Name: _____

Address: _____

City: _____ Zip Code: _____ Phone Number: _____

Rent/Mortgage (monthly):

Entire Household: \$ _____ Tenant: \$ _____ Due Date: _____

Move in date (if not already moved in): _____

Is a security deposit due? Yes No How much: \$ _____

Who does the tenant pay rent to? _____

(Name of Business or Landlord/Proprietor)

Last date that rent was paid: _____

Total RENT due: \$ _____ Late Fees due: \$ _____ TOTAL DUE: \$ _____

Are any utilities included in rent? Yes No Which utilities? Gas Electric Water/ Sewer

Does tenant pay landlord for any utilities in addition to rent? Yes or No

How much owed (current month)?

Gas \$ _____ Electric \$ _____ Water/Sewer \$ _____

List all people who now reside at this address:

First and Last Name	Relationship to applicant	Date moved in
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONSENT FOR RELEASE OF INFORMATION

I, _____ authorize and direct any Federal, State or Local agency, business, or individual to release to the Monroe County Veterans Service Commission any information or materials need to complete and verify my application for emergency financial assistance. I also consent for the Monroe County Veterans Services Commission to release information from my file that is pertinent to any other agency. The Monroe County Veterans Services Commission may, in the course of its duties can exchange information with Federal, State, or Local agencies, including but not limited to: State employment; Social Security; Postal Service; State Welfare and Food Stamp Agencies; Utility Companies and the Department of Veterans Affairs.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but not limited to:

- Identity and marital status
- Employment
- Income and assets
- Residence and rental activity
- Medial and child care allowances
- Credit
- Criminal activity
- Public assistance

Groups or individuals that may be asked to release information include but are not limited to:

- Previous and present landlords
- Welfare agencies
- Courts and probation departments
- Schools and colleges
- Law enforcement agencies
- Social Security
- Support and alimony providers
- Utility companies
- State Unemployment agencies
- Past and present employers
- Bureau of Workers Compensation
- Department of Veterans Affairs
- Medical and child care providers
- Retirement systems
- Financial institutions
- Credit bureaus

I agree that a photocopy of this release may be used for the purposes stated above. The original will stay in my file with the Monroe County Veterans Services Commission and stay in effect for one year and one day from the date signed below.

Applicant's Signature

Social Security #

Date