

WARREN COUNTY VETERANS SERVICE COMMISSION

FINANCIAL ASSISTANCE APPLICATION

This application must be completed by answering all applicable questions.

(Note: Disclosure of Social Security number 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.

Veteran's Name: First	Middle	Last	Today's Date:	SSN:
Date of Birth:	Date of Death:	Marital Status:	Date of Marriage:	Date of Divorce/Separation:
Spouse's Name:			Spouse SSN:	Spouse Date of Birth:

Residency Information

Date Residency was Established In Warren County: (Proof of Residency is Required)			Telephone:	
Veteran's Address:	City:	State:	Zip Code:	How Long At Address:
Name & Address of Landlord/Mortgage Company:				Telephone:
Previous Address:	City:	State:	Zip Code:	How Long At Address:

IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:

Name:	Relationship to Veteran:	SSN:	Date of Birth:
Address:	City:	State:	Zip Code:
			Telephone:

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)

Date From:	To:	Type of Discharge:	Verified - (Office Use Only)
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date From:	To:	Type of Discharge:	Verified - (Office Use Only)
			<input type="checkbox"/> YES <input type="checkbox"/> NO

DEPENDENTS - PROOF OF DEPENDENCY REQUIRED

Name:	Relation:	SSN:	Date of Birth:	Custody?	Support?

Does Anyone Else Live In Your Household? YES NO

Has Anyone In Your Household Applied For Assistance From Any Agency In The Last 30 Days? YES NO

Agency:	Type of Assistance:
Agency:	Type of Assistance:

EMPLOYMENT		APPLICANT		SPOUSE		OTHER	
Employer Name:							
Employer Address:							
Employment Dates:		From: To:	From: To:	From: To:			
Reason Terminated:							
Rate of Pay:		\$	\$				
Are You Seeking Employment?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Where:		Are You Registered With ODJFS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
ASSETS							
TYPE	VALUE	TYPE	DESCRIPTION	VALUE	LOAN OWED?		
Checking Account	\$	Home		\$			
Savings Account	\$	Other Property		\$			
IRA/Retirement accounts	\$	Vehicle		\$			
Oil, gas or other rights	\$	Vehicle		\$			
Other	\$	Other		\$			
INCOME AND EXPENSES (VERIFICATION OF ALL INCOME AND EXPENSES REQUIRED)							
MONTHLY NET INCOME		ESTIMATED MONTHLY EXPENSES		ASSISTANCE REQUESTED			
Wages-Veteran	\$	Shelter		\$			
Wages-Spouse	\$	Food		\$			
Wages-Other	\$	Water		\$			
Pension or Compensation	\$	Electric		\$			
Retirement Benefits	\$	Heat		\$			
Social Security-Veteran	\$	Child Support		\$			
Social Security-Spouse	\$			\$			
SSI	\$	Car Payment		\$			
Dept. of Human Services	\$	Telephone		\$			
Child Support	\$	T.V. / Cable / Internet		\$			
Unemployment Benefits	\$	Trash Pickup		\$			
Workers Compensation	\$	Gasoline/Oil		\$			
		Insurance: Home / Auto / Life		\$			
		Medical Expenses		\$			
		Bank Payments		\$			
		Credit Cards		\$			
		Judgments		\$			
		Other		\$			
TOTAL	\$	TOTAL		\$		TOTAL \$	
AMOUNT TYPE							
WAGES		FOOD					
RETIREMENT		GAS					
SOCIAL SECURITY		HOUSING					
CHILD SUPPORT		UTILITIES					
UNEMPLOYMENT		CLOTHING					
WORKERS COMPENSATION		AUTO REPAIR					
		HOME REPAIR					
		OTHER					

Please circle and explain the circumstances which caused your need for assistance at this time:

Medical/Loss of Employment/Death/Repairs(vehicle or home)/Homeless/Other

Applicant's Signature:

Approving Official's Signature:

Financial Assistance.
I, the undersigned, hereby authorize the Warren County Veterans Service Commission/Veterans Service Office to release and provide any information as requested from my records or files to other agencies, organizations or persons to establish my eligibility for benefits through that office or the Department of Veterans Affairs. I also authorize the release of information from any agency, organization, company, financial institution or person to the Warren County Veterans Service Commission/Veterans Service Office as needed to establish my eligibility for benefits through that office or the Department of Veterans Affairs. I understand my application for assistance is not a matter of public record (ORC § 149.43). I certify that I am, and have been a resident of Warren County, Ohio for the required three months (ORC § 5901.08) prior to the execution of this application for Warren County Veterans Service Commission