VETERANS ASSISTANCE COMMISSION OF FRANKLIN COUNTY

FINANCIAL ASSISTANCE APPLICATION (Page 1 of 4)

Date_____ City_____

Veteran must provide service discharge paper (DD-214 [Member 4]). Upon request, you must be able to furnish verification of home ownership or verification from a landlord that you are residing at the address given on this application. Also, marriage license and birth certificate of dependent children, and photo ID must be presented for initial application. All items in this application must be completely and legibly filled out and answered by the Veteran (if unable to, by a member of the immediate family), as truth and information which can be verified by this office

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SECTION I – Veteran Information **Spouse Information**

Name:_____ Name:_____

Address:_____ Address:_____

City/State/Zip:_____ City/State/Zip: _____

Place of Birth: _____ Place of Birth:_____

S.S. Number:_____ S.S. Number:_____

Telephone Number:_____ Telephone Number:_____

Email Address:_____ Email Address:_____

How many people live in your house or apartment?_____

SECTION II – Marital Status

Single:_____ Never Married:_____

Married:_____ Date and Place:_____

Divorced:_____ Date and Place:_____

Separated:_____ Date and Place:_____

Widowed:_____ Date and Place:_____

Are you paying child support?_____ If yes, weekly amount:_____

Are you receiving child support/maintenance?_____ If yes, weekly amount:_____

SECTION III – Dependent Children – If you have additional children, use Page 4

Name Birthdate Place of Birth Social Security Number

_____

_____

_____

Do they live with you? Yes_____ No_____

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SECTION IV – Other Income/Benefits (VA Benefits, Township assistance, Retirement)

Have you recently applied for or are you receiving any of the following, and if so, what amount?

(Please circle your answer)

Township Assist: Yes or No Amount $_____ When did it start:_____

Retirement: Yes or No Amount $_____When did it start:_____

VA Benefits: Compensation or Pension If receiving either, amount $_____

Have you applied for assistance at any other agency with these or any other bills in the last 180 days? Yes or No

If so, what agency?_____ Agency phone number:_____

SECTION V – Bank Information

Bank Name:_____

Checking: Yes or No Balance $_____ Savings: Yes or No Balance $_____

Do you have a vehicle? Yes or No If yes, Make, Model, and Year:_____

Do you have the title? Yes or No What are your monthly payments? _____

SECTION VI – Employment – Income

Currently Working? Yes_____ No_____ If yes: **Attach proof for the last month earnings**

Name of Current Employer _____ Date of Hire _____/_____/_____

Employers address _____ City _____ State _____

Number of hours worked weekly _____ How often paid _____

NET weekly pay (after taxes) $ _____ **Attach proof of last month's earnings**

Receiving unemployment benefits? Yes or No Amount $_____ **Attach proof of last month's earnings**

Are you receiving SSI or SSDI? Yes or No Amount $ _____ **Attach proof of last month's earnings**

Are you receiving Public Aid Food Stamps? Yes or No Amount $_____

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SECTION VI (cont.) – Spouse's Employment – Income

Currently Working? Yes_____ No_____ If yes: **Attach proof for the last month earnings**

Name of Current Employer _____ Date of Hire _____/_____/_____

Employers address _____ City _____ State _____

Number of hours worked weekly _____ How often paid _____

NET weekly pay (before taxes) $ _____ **Attach proof of last month's earnings**

Receiving unemployment benefits? Yes or No Amount $_____ **Attach proof of last month's earnings**

Are you receiving SSI or SSDI? Yes or No Amount $ _____ **Attach proof of last month's earnings**

Are you receiving Public Aid Food Stamps? Yes or No Amount $_____

SECTION VII – Residency Verification

Do you: Rent or Own Amount of Rent or Mortgage: $_____

When was the last time you paid? _____ Amount of payment: $_____

How far behind are you? _____ Did you get a five-day notice? Yes or No

Did you get an eviction notice? Yes or No

Mortgage Holder/Landlord's Information: Name: _____

Address: _____

Phone Number: _____

How long have you lived at this address? Years: _____ Months: _____

Are you receiving Housing Assistance? Yes or No If so, how much per month? _____

Housing Authority name and contact name and number of caseworker: _____

SECTION VIII – Monthly Household Expenses

Mortgage/Rent	$_____	Electric/Gas	$_____
Phone (House)	$_____	Phone (Cell)	$_____
Water Bill	$_____	Gas	$_____
Child Support	$_____	Vehicle/Ins.	$_____

(If Child Support order is provided)

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SECTION IX – Assistance

What kind of assistance are you requesting from this office? **Please be specific**: (Please print so it is legible)

Have you experienced an unexpected loss of income? Have you had an unexpected expense? **Please explain in detail what caused your Emergency Financial need. You MUST provide copies of bills, invoices, or recepits to back up the hardship that occurred.:** (Please print so it is legible)

SECTION X – Additional Dependent Children

Name	Birthdate	Place of Birth	Social Security Number

Do they live with you? Yes _____ No _____