**GENERAL INFORMATION**

Name (Last, First MI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Veteran: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have Dental Insurance?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married: \_\_\_\_\_\_\_\_ Divorced: \_\_\_\_\_\_\_\_\_ Separated: \_\_\_\_\_\_\_\_\_

Number of Dependents and Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive a monthly check from the VA: Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

I have been a resident of Delaware County for the last 90 days: Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

**SERVICE INFORMATION**

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Reserve/NG, dates of non-training active service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY**

* First time applicants will need to provide a work history covering the last two years
* We recommend including your resume with your request

NAME POSITION START/END DATE COMPANY MONTHLY PAY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME STATEMENT**

You must provide documentation of the ALL sources of income received for your household for the last 60 days. Income includes both earned income such as earnings from employment AND unearned income such as child support, other income not from employment, retirement, or any of the following benefits: OWF, SSI Social Security survivors or disability, VA, unemployment, workers comp. etc.

List all sources of income, for all household members, for the **last 60 days**:

NAME RELATION TO APPLICANT SOURCE OF INCOME MONTHLY GROSS AMT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Income statements, pay-stubs or statement from employer on the amount of income for most recent 60 days for ALL household members (Spouse, Disabled Adult Dependent, Government assistance for child, significant other.)
* Last 60 days of bank/pay card transaction history from ALL accounts (Checking, Savings, and pay cards) **ALL** household members. (Spouse, Disabled Adult Dependent, Government assistance for child, significant other).

**INCOME STATEMENT - CONTINUED**

**ZERO INCOME – SUPPORT STATEMENT:** If you declare that no one in your household receives a source of income you must provide a statement on how you meet your **MONTHLY** living expenses:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monthly Expense | Monthly Amount | How does it get paid (gift, loan, or other) | Who pays it? | Contact Phone or Email |
| Housing |  |  |  |  |
| Utilities |  |  |  |  |
| Food |  |  |  |  |
| Transportation |  |  |  |  |

**ACCOUNT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name of Financial Institution | Checking or Savings | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I certify that all the information contained in this application is true, accurate, and I am aware that the Veterans Service Commission is relying upon this information in determining my eligibility for benefits, and that providing false information will subject me to criminal penalties or administrative sanctions.

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME SIGNATURE DATE

**ELIGIBILTY**

Financial Assistance applicants must meet one of the definitions of Veteran provided under the Ohio Revised Code 5901.01B. **90 Day Minimum Delaware County Residency Required.** As a need-based program, we will review your application to verify your situation.

**Required Documentation –** (Failure to provide requested documents will delay processing your request)

\_\_\_\_ All DD 214 forms or letters of Honorable Service (First Time Applicants)

\_\_\_\_ Marriage/Divorce/Death Certificate. If separated, must furnish the veterans address/phone number for verification

\_\_\_\_ Income statements, pay-stubs or statement from employer on the amount of income for most recent 60 days for ALL household members (Spouse, Disabled Adult Dependent, Government assistance for child, significant other.)

\_\_\_\_ Last 60 days of bank/pay card transaction history from ALL accounts (Checking, Savings, and pay cards) **ALL** household members. (Spouse, Disabled Adult Dependent, Government assistance for child, significant other).