



Delaware County Veteran Service Office  
Historic Court House - Ground Floor  
91 N Sandusky St, Delaware OH 43015

## Veterans Service Commission Request for Assistance

ARE YOU THE VETERAN? ☐ YES ☐ NO

Date

Name (First – Last)

Relationship to Veteran

Name of Veteran (Unless listed above)

Veteran  
Date of Birth

Last Four of Social  
Security Number

ARE YOU FACING EVICTION? ☐ YES ☐ NO

Is this your first request to the  
Delaware County Veterans Service Commission?

ARE YOU UNEMPLOYED? ☐ YES ☐ NO

☐ YES ☐ NO

Married ☐

Divorced ☐

Separated ☐

### APPLICANT INFORMATION

Best Contact Number for You

Email Address

Address (Please use an address where you are comfortable receiving mail)

City

State

Zip Code

Provide number of dependents and ages (Spouse, Children)

Provide number of non-family living in household

Have you worked with the Delaware County Veteran Service Office Previously?: ☐ Yes ☐ No

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



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### SERVICE INFORMATION

<b>Branch</b>	_____	<b>Type of Discharge</b>	_____
<b>Dates of Service</b>	_____	<b>If Reserve/NG, dates of non-training active service</b>	_____

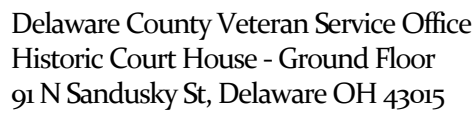
### PLEASE CHECK AREA AND LIST AMOUNT THAT YOU NEED ASSISTANCE

	Amount		Amount		Amount
<b>Rent Mortgage</b>	_____	<b>Food</b>	_____	<b>Moving Expenses</b>	_____
<b>Electric Utility</b>	_____	<b>Medical</b>	_____	<b>Move-In Kit</b>	_____
<b>Gas - Utility</b>	_____	<b>Car Repair</b>	_____	<b>Storage Fee</b>	_____
<b>Oil Utility</b>	_____	<b>Car Payment</b>	_____	<b>TV Antennae</b>	_____
<b>Water Utility</b>	_____	<b>Gas, Clothing, Household Items</b>	_____		
<b>Sewer Utility</b>	_____				

#### Other and Amount

NOTE: Car repair and car payments requests must include the following additional documents:

- Two written estimates from reputable auto repair establishment (not older than 30 days)
- Vendor W-9
- Copy of the Ohio title or registration
- Proof of auto Insurance in compliance with Ohio law
- Proof of Valid Ohio Driver's License



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

**Please tell us why you need assistance (Required)**

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## Expense Statement

You must provide documentation of expenses for your household for the last 60 days.

**Type of expense**

**Amount**

Rent, mortgage, homeowner and condo fees

Food

Personal care and household supplies

Clothing

Pet supplies

Gas/propane/fuel oil

Electric

Water/sewage

Phone

Internet

*Non-Reimbursed Medical (need payment info)\**

Insurance

Motor Vehicle Payment

Fuel

Childcare

Child Support

Credit Cards

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**Expense Statement Total**



## 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.

### Select one of the boxes below and provide the required information:

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

Name	Relationship to Applicant	Source of Income	Monthly GROSS Amount
	Self/Applicant		

- 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).

☐ **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				



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Monthly Expense	Monthly Amount	How does it get Paid? (gift, loan or other)	Who Pays it	Contact Phone or Email
Cell Phone				
Personal Expenses				
Other Expenses				

**NOTES:**

**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

91 N Sandusky St  
Delaware OH 43015

740-833-2010 - Voice  
740-833-2019 - Fax

Website  
<https://veteransservice.co.delaware.oh.us>



# FINANCIAL ASSISTANCE CHECKLIST

## Eligibility

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.

## Eligibility Categories (Including Survivors & Dependents)

### 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).

Copy of lease/Intent to Rent and/or statement from landlord explaining past due rent, late fee, and eviction amount owed by months, include address and telephone number of landlord/property manager

Mortgage statement, payment booklet including the mortgage company's address and telephone number for where payment is mailed.

Copy of most recent utility bill(s) showing name, account number, and balance

### Vehicle Repair and/or Vehicle Payment

Two written estimates from reputable auto repair establishment (not older than 30 days)

Copy of the Ohio title or registration

Proof of auto Insurance in compliance with Ohio law

Proof of Valid Ohio Driver's License

### Other Items (House Repairs, Dentures, etc)

Two written estimates

IRS Form W-9 for all payments may be required. It is up to the applicant to obtain the W-9's.