



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

For Office Use Only:  
 This request is \_\_\_ of 4 Annual Requests  
 Is this a Needs Based Request: \_\_\_\_\_  
 Is the Lifetime Award > \$7,500.00: \_\_\_\_\_

F/A \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_

# 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 \_\_\_\_\_

Would You Like to Receive Email Updates on Delaware County Veteran Services Activities:  YES  NO

ARE YOU FACING EVICTION?  YES  NO

ARE YOU UNEMPLOYED?  YES  NO  RETIRED

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

YES  NO

Single  Married  Widowed  Separated  Divorced

## 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 (Spouse, Children) \_\_\_\_\_

Dependent Name	Age	Relationship	Dependent Name	Age	Relationship
		Spouse			

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



**SERVICE INFORMATION**

**Branch** \_\_\_\_\_

**Type of Discharge** \_\_\_\_\_

**Dates of Service** \_\_\_\_\_

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

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

	Amount		Amount		Amount
Rent Mortgage	<input type="checkbox"/> _____	Food	<input type="checkbox"/> _____	Moving Expenses	<input type="checkbox"/> _____
Electric Utility	<input type="checkbox"/> _____	Medical	<input type="checkbox"/> _____	Move-In Kit	<input type="checkbox"/> _____
Gas - Utility	<input type="checkbox"/> _____	Car Repair	<input type="checkbox"/> _____	Storage Fee	<input type="checkbox"/> _____
Oil Utility	<input type="checkbox"/> _____	Car Payment	<input type="checkbox"/> _____	TV Antenna	<input type="checkbox"/> _____
Water Utility	<input type="checkbox"/> _____	Gas, Clothing, Household Items	<input type="checkbox"/> _____	Trash	<input type="checkbox"/> _____
Sewer Utility	<input type="checkbox"/> _____			Insurance	<input type="checkbox"/> _____

**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



**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

<u>Family Member &amp; Position Title</u>	<u>Start/End Date</u>	<u>Company Name</u>	<u>Pay Rate</u>	<u>Hour Per Week</u>

**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 30 days.

<u>Type of expense</u>	<u>Amount</u>
Rent, mortgage, homeowner and condo fees	<input style="width: 100%; height: 20px;" type="text"/>
Food	<input style="width: 100%; height: 20px;" type="text"/>
Personal care and household supplies	<input style="width: 100%; height: 20px;" type="text"/>
Clothing	<input style="width: 100%; height: 20px;" type="text"/>
Pet supplies	<input style="width: 100%; height: 20px;" type="text"/>
Gas/propane/fuel oil	<input style="width: 100%; height: 20px;" type="text"/>
Electric	<input style="width: 100%; height: 20px;" type="text"/>
Water/sewage	<input style="width: 100%; height: 20px;" type="text"/>
Phone	<input style="width: 100%; height: 20px;" type="text"/>
Internet	<input style="width: 100%; height: 20px;" type="text"/>
<i>Non-Reimbursed Medical (need payment info)*</i>	<input style="width: 100%; height: 20px;" type="text"/>
Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Motor Vehicle Payment	<input style="width: 100%; height: 20px;" type="text"/>
Fuel	<input style="width: 100%; height: 20px;" type="text"/>
Childcare	<input style="width: 100%; height: 20px;" type="text"/>
Child Support	<input style="width: 100%; height: 20px;" type="text"/>
Credit Cards	<input style="width: 100%; height: 20px;" type="text"/>
<u>Expense Statement Total</u>	<input style="width: 100%; height: 20px;" type="text" value="\$ 0.00"/>





## 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 30 days:

Name	Relationship to Applicant	Source of Income	Hourly Rate	Hours Per Week	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).

**NON REIMBURSED MEDICAL EXPENSES:** Non reimbursed medical expenses are deducted from income.

Non-Reimbursed Medical Expense Explanation	Amount





# FINANCIAL ASSISTANCE CHECKLIST

F/A \_\_\_\_ Dental \_\_\_\_ Vision \_\_\_\_

## 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.