

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:

Veterans Service Commission	on	F/A	_ Dental	Vision
Request for Assistance		ARE YOU THE VE	TERAN?	YES NO
Date Name (First – Last	t)			
Relationship to Veteran Name of Veteran Veteran Last Four of Social	Wo	sted above) ould You Like to Recei unty Veteran Services		on Delaware YES NO
Date of Birth Security Number	ARE	YOU FACING EVICTIO	N? YES	⊥⊥ NO
Is this your first request to the Delaware County Veterans Service Commission?	ARE	YOU UNEMPLOYED?	YES NO	RETIRED
YES NO Single	Mar	ried Widowed	Separated	Divorced
	LICANT IN	ress		
Address (Please use an address where you are	comforta	ble receiving mail)		
City		State	Zip Code	
Provide number of dependents (Spouse, Childre	en)			
Dependent Name Age Relat	ionship use	Dependent Name	Age	Relationship
Provide number of non-family living in househol	d			
Have you worked with the Delaware County Vet	eran Serv	rice Office Previously?	: Yes	No
Do you receive a monthly check from the VA?	Ye	s No		
I have been a resident of Delaware County for th	ne last 90	days? Yes		No

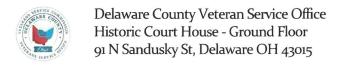
	SERVICE INFORMATION	
Branch Dates of Service	Type of Discharge If Reserve/NG, dates of non-training active service	
PLEASE	CHECK AREA AND LIST AMOUNT THAT YOU NEED ASSISTANCE	
Amou	unt Amount	Amount
Rent Mortgage	Food Moving Expenses	
Electric Utility	Medical Move-In Kit	
Gas - Utility	Car Repair Storage Fee	
	Car Payment TV Antenna	
Oil Utility	Gas, Trash	
Water Utility	Clothing,	
Sewer Utility	Household Insurance Items	
Other and Amount		
NOTE 6		
	uests must include the following additional documents: auto repair establishment (not older than 30 days)	
 Vendor W-9 Copy of the Ohio title or registration Proof of auto Insurance in compliance v 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

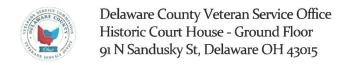
Family Member & Position Title	Start/End Date	Company Name	Pay Rate	Hour Per Week
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Please tell us why you need assistance	(Required)			
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Expense Statement

You must provide documentation of expenses for your h	ousehold for the last 30 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	
Expense Statement Total	\$ 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**:

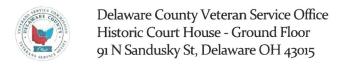
Name	Relationship to Applicant	Source of Income	Hourly Rate	Hours Per Week	Monthly GROSS Amount
	Self/Applicant				

- o 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

Monthly Expense	Monthly Amount	How does it get Paid? (gift, loan or other)	Who Pays it	Contact Phone or Email
Housing				
Utilities				
Food				
Transportation				
Cell Phone			Į.	
ersonal Expenses				
Other Expenses				
IOTES:			L	
Commission is relyi	ng upon this ir	ontained in this application is t nformation in determining my e	ligibility for benefits, a	
I understand that	false statem	nents made on this application	on may lead to pros	



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FINANCIAL ASSISTANCE CHECKLIST

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.