

You have requested Financial Assistance from the Brown County Veterans Service Commission. Following are the basic guidelines for the Financial Assistance program. (FA) Read this thoroughly !!

The program can be used by an Honorably Separated or Discharged Veteran, Spouse of the Veteran, unremarried Widow of the Veteran and unmarried child of the Veteran under the age of eighteen or still in High School and still living at home with the spouse or widow.

FA can be used three times a calendar year, and the applicant must wait thirty (30) days from the previous application to apply again. The Brown County Veterans Service Commission does not give money or checks to the applicant. Read this thoroughly !!

FA is conducted on Tuesday mornings at 9:00 am sharp. All applicants MUST be here at that time.

In this packet you will find a list of mandatory items that MUST be provided each and every time that you apply for FA. All bills must be in the Veterans, Spouse or Widows name. Read this thoroughly !!

Remember, if you forget any one of the items listed, you will be required to bring the complete list the following week. So if you do not have your DD214 report of Separation, Bank statement, etc. you must leave enough time to obtain the listed item.

FA may be provided for Food, utilities, heating oil or propane, other necessities as determined by the Veterans Service Commission on a case by case basis.

IT IS NOT THE VETERAN SERVICE COMMISSION'S RESPONSIBILITY TO PLAY CATCH-UP FOR THE VETERAN. ONLY ONE MONTH HOUSE PAYMENT, UTILITY BILL, etc., NOT TO EXCEED THE POLICY, MAY BE ADDRESSED!

Emergency Financial Assistance Worksheet

Name: _____

Address: _____

Phone Number: _____

Period of Service: _____

Branch of Service: _____

Last time here: _____

Reason for being here: _____

___ DD214

___ Copy of Bank Account Statement as of the day of the Financial Assistance application

___ Disconnect Notice for Utilities

___ Landlord Statement

___ Bills paid this Month

___ Proof of all income for all persons residing in the home

___ Estimate from Oil, Propane Company (Minimum amount they will deliver)

Persons residing in the home: _____

**COUNTY VETERANS SERVICE COMMISSION
FINANCIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET**

Date of Application: _____

This application must be completed by answering all questions
(Note: Disclosure of Social security numbers is voluntary, but failure to provide such information may affect your application for financial assistance.)
Social Security numbers are used as secondary identifiers to determine an applicant's eligibility for assistance.

1	Veteran's Name: Last	First	Middle	SSN: _____
	Occupation: _____			
2	DATE OF BIRTH: _____	DATE OF DEATH: _____	MARITAL STATUS: _____	DATE OF MARRIAGE: _____
	SPOUSE (MAIDEN NAME IF APPLICABLE): _____			SPOUSE SSN: _____
				SPOUSE DATE OF BIRTH: _____

Note: Common law marriages are recognized in Ohio only if they were established prior to October 10, 1991.

4	VETERANS ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____	HOW LONG? _____
5	DATE ESTABLISHED RESIDENCY IN THIS COUNTY: _____ (PROOF REQUIRED)		TELEPHONE (AREA CODE) _____		
6	PREVIOUS ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____	HOW LONG? _____
7	NAME OF CURRENT LANDLORD/MORTGAGE CO. _____	TELEPHONE (AREA CODE) _____	FAX # (AREA CODE) _____		

IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:

8	NAME: _____	RELATION TO VETERAN: _____	DATE OF BIRTH: _____	SSN: _____
9	ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
	TELEPHONE (AREA CODE) _____			

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)

10	DATE FROM: _____	TO: _____	TYPE OF DISCHARGE: _____	BRANCH OF SERVICE _____	VERIFIED (OFFICE USE ONLY) YES - NO - DD214 / VA
	DATE FROM: _____	TO: _____	TYPE OF DISCHARGE: _____	BRANCH OF SERVICE _____	VERIFIED (OFFICE USE ONLY) YES - NO - DD214 / VA

DEPENDENTS

	Names:	How Related:	SSN of Dependents:	Date of Birth:	In Custody of Who:	Support Yes - No
a						
b						
c						
d						
e						

12. DOES ANYONE ELSE LIVE IN YOUR HOUSEHOLD? (IF YES, PLEASE EXPLAIN) YES NO

13. HAS ANYONE IN YOUR HOUSEHOLD APPLIED FOR ASSISTANCE FROM ANY OTHER AGENCY IN THE LAST THIRTY DAYS? (IF YES, PLEASE EXPLAIN) YES NO

Agency: _____ Assistance: _____

Agency: _____ Assistance: _____

	EMPLOYMENT	VETERAN	SPOUSE	OTHER
14	Employer Name:			
15	Employer Address:			
16	Employer Phone:			
17	Dates of Employment:			
18	Rate of Pay:	\$	\$	\$
19	Are you Seeking Employment?	Where: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Registered with OBES: <input type="checkbox"/> Yes <input type="checkbox"/> No
20	If Not Seeking Employment, Explain Why:			

ASSETS

TYPE	\$ VALUE	TYPE	DESCRIPTION	\$ VALUE	LOAN OWED
Checking		Home			
Savings or CD		Other Property			
Other		Vehicle			
Other		Vehicle			
Other		Other			

INCOME AND EXPENSES (VERIFICATION OF ALL INCOME AND EXPENSES REQUIRED)

PRESENT MONTHLY NET INCOME (Last 30 Days)		ESTIMATED IMMEDIATE MONTHLY NEEDS		ASSISTANCE REQUESTED	
	\$		\$	TYPE	AMOUNT
Wages-Veteran	\$	Food	\$		
Wages-Spouse	\$	Shelter	\$		
Wages-Children	\$	Water	\$		
Pension or Compensation	\$	Electric	\$		\$
Retirement Benefits	\$	Heat	\$		\$
Social Security - Veteran	\$	Telephone	\$		\$
Social Security - Spouse	\$	Cable	\$		\$
SSI	\$	Auto Payments	\$		\$
Welfare	\$	Insurances	\$		\$
Food Stamps	\$	Credit Accounts	\$		\$
Child Support	\$	Rx/Medical	\$		\$
Unemployment Benefits	\$	Transportation	\$		\$
Worker's Compensation	\$	Day Care	\$		\$
All other income	\$	Child Support	\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

Please explain why you need assistance at this time:

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.

Date Signed

Applicant's Signature

APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE

The following are the levels at which Applications for Emergency Financial Assistance can be granted or denied:

- 1) Service Officer
- 2) Chief Service Officer
- 3) Executive Director/Service Officer
- 4) Brown County Veterans Service Commission

Applications for Assistance may be granted or denied by any Service officer, the Chief Service Officer, or the Executive Director/Service Officer if in keeping with the guidelines established by the Board of Commissioners of the Brown County Veterans Service Commission. Applicants wishing to have their application acted upon directly by the Board will be scheduled to appear in person before the Board at a regularly scheduled monthly meeting.

APPEALS OF DENIALS OF APPLICATIONS FOR ASSISTANCE

Applicants wishing to appeal denials of Applications for Assistance may appeal through all higher levels of determination with final determination being made by the Board of Commissioners of the Brown County Veterans Service Commission.

I HAVE READ THE ABOVE INFORMATION ON APPLICATIONS FOR EMERGENCY FINANCIAL ASSISTANCE AND APPEALS OF DENIALS OF APPLICATIONS FOR ASSISTANCE AND UNDERSTAND THE SAME.

Applicant Signature: _____ Date: _____

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RELEASE OF INFORMATION

I, the undersigned, hereby authorize the Veterans's Service Commission/Veterans Service Office to release and provide any information as requested from my records or files to other agencies, organizations or persons that request such information under reasonable circumstances. I also authorize release of information from any agency, organization, company, financial institution or person to the Veterans Service Commission/Veterans Service Office as needed to establish my eligibility for benefits through that office or Department of Veterans Affairs. I understand my application for assistance is a matter of public record under the Ohio Revised Code. **I also understand the false statements made on this application may lead to prosecution under the Ohio Revised Code.** I certify that I am a resident of Brown County at the time of execution of this application for Veterans Service Commission financial assistance. **I further understand that if granted an award under the Emergency Financial Assistance program that it is my responsibility to notify any creditor concerned of the Brown County Veterans Service Commission decision.**

Applicant Signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

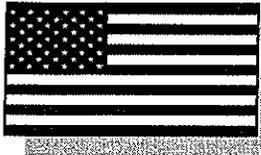
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



VETERANS SERVICES OF BROWN COUNTY

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Richard C. Jones, Driver/CS

"PUTTING VETERANS FIRST!"

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ATTN: _____

Date: _____

Name: _____

Address: _____

Soc Sec #: _____

V.S.C. _____

The above named is an applicant for financial assistance from the Brown County Veterans Service Commission. It is necessary that we obtain the following information from your company. Reporting each item will expedite our evaluation for assistance. Financial assistance will be delayed pending receipt of this information. Thank you for your immediate attention to this matter.

Dates Employed From: _____ To: _____

Position/Type of work performed: _____

If laid off, state reason _____

If terminated, state reason _____

Amount of last four (4) pays – net amounts and dates

Date: _____ Date: _____

Date: _____ Date: _____

Vacation Pay _____ Sick Pay _____

Personnel Officer signature Phone number

IN ACCORDANCE WITH THE PRIVACY ACT OF 1974, I, THE UNDERSIGNED, AUTHORIZE THE RELEASE OF THE ABOVE INFORMATION TO ESTABLISH MY ELIGIBILITY FOR ASSISTANCE.

APPLICANTS SIGNATURE Service Officer's signature