Emergency Financial Assistance Guidelines

In order to process your request for emergency financial assistance you **MUST** return your application with all required documentation or your application will not be accepted for processing.

Required Documentation:

**ASSISTANCE APPLICATION** completely filled out with a statement at the bottom of the form explaining why you need assistance.

**RECEIPTS OF ALL BILLS PAID OR DUE** (Cable, telephone, cell phone, car payments or insurance, health or life insurance, house insurance, medical expenses, Utilities (paid or shut off notices provided), credit cards, day care, child support payments).

**ALL HOUSEHOLD INCOME** (veteran, spouse, anyone else living in the home, child support, welfare, social security, work, worker's compensation, veteran's disability or compensation, retirement pay or pension, or any other income).

If you are renting you **must include** the **LANDLORD'S STATEMENT AND THE W-9 COMPLETED BY THE LANDLORD**.

If you are buying you **MUST provide** your most recent mortgage statement.

You **MUST** also have your most recent monthly banking statement along with a recent balance from your bank **NOT to EXCEED 24 HOURS**. (you can easily obtain this through the teller machine by doing an account balance inquiry).

**FAILURE TO PROVIDE THIS INFORMATION IN ITS ENTIRETY WILL RESULT IN DENIAL OF ASSISTANCE.**

**WILLINGLY PROVIDING FALSE INFORMATION TO OBTAIN ASSISTANCE WILL RESULT IN DENIAL OF ASSISTANCE AND VETERAN WILL NO LONGER BE ELIGIBLE FOR EMERGENCY FINANCIAL ASSISTANCE.**

**EMERGENCY FINANCIAL ASSISTANCE IS PROVIDED TO ASSIST VETERANS IN EXTREME TIMES OF NEED. IT IS NOT PERMANENT MEANS OF SUPPORT AND SHOULD NOT BE ABUSED.**

Date Veteran received EFA packet: ________________________________________________

Date EFA packet due back to BCVS office for review: ________________________________

Date EFA packet was returned to BCVS: ____________________________________________

Was EFA packet completed and accepted for review: ________________________________

If EFA packet was not accepted why? _____________________________________________

Date of Commissioner's Meeting to determine eligibility: ____________________________

Veteran **MUST** be present at **0945** hours on the morning of the Commissioner's Board Meeting.
• Veteran or widow

• DD-214

• All Household members names and Social Security Numbers

• Copy of all utility bills that you need assistance with showing disconnect notice

• For Fuel or Propane – get an estimate on company's letterhead prior to application process

• Copy of CURRENT bank statement(s)

• Rent – Landlord’s statement and W9 with eviction notice (NOT to vacate residence notice).

• Anyone applying for rental assistance must have a W-9 completed. The landlord can fax this directly to our office @ 937-378-1535.

• Land Contract – Need Owner’s Statement

• Last 2 pay stubs if employed
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: 
   Date of Divorce/Separation:

3. Spouse (Wife/Husband 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. Veteran's Address: 
   City: 
   State: 
   ZIP: 
   How Long?

5. Date Established Residency in This County: 
   Telephone (Area Code): 
   (Proof Required)

6. Previous Address: 
   City: 
   State: 
   ZIP: 
   How Long?

7. Name of Current Landlord/Mortgagee 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 - DERELICT / VA

   Date From: 
   TO: 
   Type of Discharge: 
   Branch of Service: 
   Verified (Office Use Only) 
   YES - NO - DERELICT / VA

DEPENDENTS

11. 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 Filed for Assistance from Any Other Agency in the Last Thirty Days? 
    (If Yes, Please Explain)
    Agency: 
    Assistance: 

    Agency: 
    Assistance:
<table>
<thead>
<tr>
<th>EMPLOYMENT</th>
<th>VETERAN</th>
<th>SPOUSE</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates of Employment:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of Pay:</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

19. Are you seeking employment? [ ] Yes [ ] No
   Where:

20. If not seeking employment, explain why:

### ASSETS

<table>
<thead>
<tr>
<th>TYPE</th>
<th>VALUE</th>
<th>TYPE</th>
<th>DESCRIPTION</th>
<th>VALUE</th>
<th>LOAN OWD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings or CD</td>
<td></td>
<td>Other Property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Vehicle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Vehicle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INCOME AND EXPENSES (Verification of all income and expenses required)**

<table>
<thead>
<tr>
<th>PRESENT MONTHLY NET INCOME (Last 30 Days)</th>
<th>ESTIMATED IMEDIATE MONTHLY NEEDS</th>
<th>ASSISTANCE REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wage-Veteran</td>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Wage-Spouse</td>
<td>Shelter</td>
<td>$</td>
</tr>
<tr>
<td>Wage-Children</td>
<td>Water</td>
<td>$</td>
</tr>
<tr>
<td>Pension or Compensation</td>
<td>Electric</td>
<td>$</td>
</tr>
<tr>
<td>Retirement Benefits</td>
<td>Heat</td>
<td>$</td>
</tr>
<tr>
<td>Social Security - Veteran</td>
<td>Telephone</td>
<td>$</td>
</tr>
<tr>
<td>Social Security - Spouse</td>
<td>Cable</td>
<td>$</td>
</tr>
<tr>
<td>SSI</td>
<td>Auto Payments</td>
<td>$</td>
</tr>
<tr>
<td>Welfare</td>
<td>Insurances</td>
<td>$</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>Credit Accounts</td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td>RX/Medical</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Worker's Compensation</td>
<td>Day Care</td>
<td>$</td>
</tr>
<tr>
<td>All other income</td>
<td>Child Support</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>TOTAL</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

**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: [Signature]  Applicant's Signature: [Signature]
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 within the last 48 hours.

____ Disconnect Notice for Utilities

____ Landlord Statement

____ Bills Paid this month

____ Proof of all income for all persons residing in the house

____ Estimated from Oil, Propane company (Minimum amount they will deliver)

Number of persons residing in the home

________________________________________________________________

For the month of: ____________________________

VETERANS SS NUMBER
APPLICATIONS 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: __________________________

RELEASE OF INFORMATION

I, the undersigned, hereby authorize the Veteran'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 that 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: __________________________
LANDLORD’S STATEMENT

Name of landlord: ____________________________________________

Address: ___________________________________________________

Phone Number: _______________________________________________

Federal I.D. or Social Security Number: _____________________________

I certify that __________________________________________________

Property Address

( ) is available for rent to: _______________________________________

Veteran’s Name

( ) is being rented by: __________________________________________

Veteran’s Name

For the amount of $ ____________________________ Monthly Rent Deposit (if needed)

Amount and date of last rent payment made $ ______________ Date

Is this subsidized housing? Yes ______ No ________

If yes, how much does veteran pay? $ ___________________________

Amount required to retain veteran in residence: $ ___________________

_________________________ ______________________
Landlord’s Signature Date

_________________________ ______________________
Veteran’s Signature Date

CASE NO ____________________________
1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=corporation, S=partnership, P=partnership).

4. Exemptions (codes apply only to certain entities, see instructions in Part IV if any)
   - Exempt payer code: [code]
   - Exemption from FATCA reporting code: [code]

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and ZIP code

7. 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

#### Social Security Number
- [ ] [ ] [ ]

#### 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 for Part II, later.

#### Sign Here
- [ ] [ ] [ ]

**Note:**
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1098-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1098-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you may be subject to backup withholding. See What is backup withholding, later.
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

LF01-02