

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

The program can be used by an Honorably Separated or Discharged Veteran, Spouse of the Veteran, un-remarried 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 directly to the applicant.

ALL applicants must turn their completed packet for financial assistance in **prior to the **3rd Friday of the month**. This will allow the service officers time to prepare and contact any relevant agency necessary to arrange payments. This will also shorten your wait time for approval or disapproval.**

FA is conducted on the **4th Tuesday of each month from 9:00-10:00 am. All applicants **MUST** be present at that time.**

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

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

- 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 (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	\$	RR/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 _____

Today's date _____

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: _____



VETERANS SERVICES OF BROWN COUNTY

474 Home Street, Suite D
Georgetown, OH 45121-1345

"PUTTING VETERANS FIRST!"

Cheryl Childers, Director/CSVO
EMAIL: CChilders@BrownCountyOhio.gov

Phone: (937)378-3155
FAX: (937) 378-1535

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 _____



VETERANS SERVICES OF BROWN COUNTY

474 Home Street, Suite D
Georgetown, OH 45121-1345

"PUTTING VETERANS FIRST!"

Cheryl Childers, Director/CSVSO
Email: CChilders@BrownCountyOhio.gov

Phone: 937-378-3155
FAX: 937-378-1535

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