

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 (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)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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13	HAS ANYONE IN YOUR HOUSEHOLD APPLIED FOR ASSISTANCE FROM ANY OTHER AGENCY IN THE LAST THIRTY DAYS? (IF YES, PLEASE EXPLAIN)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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.

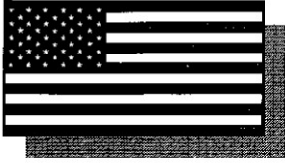
Applicant Signature: _____ Date: _____

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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 _____

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

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. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ </td> </tr> <tr> <td colspan="5"> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Other (see instructions) ► _____ </td> </tr> </table>	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<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) ► _____					Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					<input type="checkbox"/> Other (see instructions) ► _____					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate																	
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<input type="checkbox"/> Other (see instructions) ► _____																					
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)																				
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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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	Signature of U.S. person ► _____	Date ► _____
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

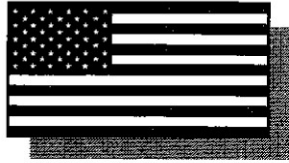
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- 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 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-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 might be subject to backup withholding. See What is backup withholding, later.



VETERANS SERVICES OF BROWN COUNTY

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

"PUTTING VETERANS FIRST!"

Cheryl Childers, Director/CSVSO
E-Mail: 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