

# COUNTY VETERANS ASSISTANCE FUND APPLICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ EBT Card # \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

How long have you lived at this address? \_\_\_\_\_

If less than 90 days, previous address \_\_\_\_\_

**FAMILY:**  Married  Single  Divorced  Widow/Widower  Other \_\_\_\_\_

Spouse's address, if different from yours \_\_\_\_\_

Name(s) of all other adult(s) in household \_\_\_\_\_

List all dependents living with you:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

List any other dependents you have:

Name \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

## EMPLOYMENT AND INCOME:

Your employer \_\_\_\_\_ Address \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Address \_\_\_\_\_

Monthly household income from all sources:	Veteran	Other adults in household
Salary or wages	\$ _____	\$ _____
Self-employment income	\$ _____	\$ _____
Pension or retirement pay	\$ _____	\$ _____
Unemployment insurance	\$ _____	\$ _____
Worker's compensation	\$ _____	\$ _____
Disability compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Spousal support	\$ _____	\$ _____
Child support	\$ _____	\$ _____
Public assistance	\$ _____	\$ _____
Veteran's benefits	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
	<b>Veteran \$ _____</b>	<b>Others \$ _____ TOTAL \$ _____</b>

I swear or affirm that the information on this form is complete, true and correct. I understand that if the information on this form is proven incomplete or false upon investigation, I may forfeit my eligibility for assistance from the Veterans' Assistance Fund and incur such other penalties as may be prescribed by law.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION:** We have reviewed this application and recommend it be  approved  denied.

Approved Discharge Status  County Resident  Income Eligible

Comments \_\_\_\_\_

**SIGNATURES** \_\_\_\_\_

Human Services or Authorized Service Organization