

Geauga County Veteran Service Commission Financial Assistance Packet

Your appointment is scheduled for _____ at _____ o'clock with
_____.

Please call (440) 279-1860/1861/1863 if you cannot make your appointment or if you are going to be late. If you are more than 15 minutes late, your appointment is subject to be rescheduled. Late or missed appointments will be documented.

PLEASE REVIEW THE ENCLOSED CAREFULLY:

HOW THE FINANCIAL ASSISTANCE PROGRAM WORKS:

The purpose of this program is to provide **temporary** financial assistance for basic living needs to eligible veterans and their dependents.

1. The application must have **3 months residency** in Geauga County immediately preceding the date of application and must provide proof of the same (rent receipts, utility bills, government identification, voter registration, etc.)
2. **Veteran** – a person who served in the armed forces on active military duty and was discharged from service *under honorable conditions*, and who either served on active duty for reasons other than training or, while serving on active duty for training incurred a disability recognized by the VA as service-connected.
3. Common Law marriages are recognized in Ohio if evidence of the relationship is prior to October 10, 1991.
4. False or misleading statements may result in denial of assistance and could lead to prosecution.
5. **An application may be subject to denial of assistance if the applicant does not seek assistance from other agencies, or employment as directed by the Commission.**
6. The Veterans Service Commission will pay basic service telephone only when there is a medical necessity. A signed statement by a physician will be required. Additional charges may only be paid for long distance calls to a medical provider or caregiver.

WHAT TO BRING WITH YOU TO YOUR APPOINTMENT:

FIRST TIME APPLYING FOR FINANCIAL ASSISTANCE.

YOU MUST BRING THE FOLLOWING DOCUMENTATION TO YOUR FIRST APPOINTMENT:

- DD 214 (Separation Record) and Marriage License
- Birth Certificates for all dependents
- Social Security numbers for all dependents, Divorce/custody papers (if applicable)
- If disabled, documentation from doctor regarding your disability and whether you are able to work or not.
- Documentation from child support agencies.

ALL APPLICANTS MUST BRING THE FOLLOWING TO EVERY APPOINTMENT FOR FINANCIAL ASSISTANCE.

- Proof of all household income
 - Pay stubs, Social Security, Workmen's Comp, Pension, VA awards, etc.
- Bank statements (**Previous 3 months**)
 - Savings, Checking, IRA, Stocks, Bonds, Mutual funds, 401K
- All household bills (originals)
 - Rent/mortgage
 - Utilities (gas, fuel oil, propane, water)
 - Insurance (home, car, life, health)
 - Phone
 - Garbage
 - Cable/satellite
 - Credit cards
 - Auto loans
 - ETC

- You must also provide information regarding income and expenses of others living in your home.

***** Please bring all necessary documentation to your appointment. Please remember that incomplete applications or missing documentation will significantly delay any possible assistance.**

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

This application must be completed by answering ALL questions.

Applicant must return this form in person. Please bring all bills, income and proof of assets when returning.

Disclosure of Social Security numbers is voluntary, but failure to provide such information may affect your application.

1	Veteran's Name: Last	First	Today's Date	SSN:		
2	Date of Birth:	Date of Death:	Date of Marriage:	Marital Status: Date of Divorce / Separation:		
3	Spouse (Maiden name)		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	Date Established Residency in Geauga County:		Telephone number's:			
5	Veteran's Current Address:			How long at present address:		
6	Veteran's Previous Address:			How Long at past address:		
7	Name and address of Landlord/Mortgage Company:			Telephone number:		
IF APPLICANT IS OTHER THAN VETERAN, PLEASE COMPLETE THE FOLLOWING						
8	Name & Relationship to Veteran:		Date of Birth:	SSN:		
9	Address:		How long at this address:	Telephone Number:		
MILITARY SERVICE (MUST HAVE DISCHARGE OR DD214)						
10	Entry Date:	Discharge Date:	Character of Discharge:	VERIFIED (OFFICE USE ONLY)		
11	Entry Date:	Discharge Date:	Character of Discharge:	VERIFIED (OFFICE USE ONLY)		
DEPENDENTS (ALL PERSONS LIVING IN YOUR HOME, PROOF REQUIRED)						
12	NAMES	HOW RELATED	SSN OF DEPENDENTS	DATE OF BIRTH	CUSTODY	SUPPORT YES OR NO
a						
b						
c						
d						
e						
f						
g						
ASSISTANCE FROM OTHER AGENCIES						
13	Does anyone else live in your household?		Yes	No	If yes, please explain on pg 2	
14	Has anyone in your household applied for financial assistance from ANY other agencies in the last 30 days?					
15	Agency name:		Assistance granted:			
16	Agency name:		Assistance granted:			

EMPLOYMENT		VETERAN (LAST/CURRENT)		SPOUSE (LAST/CURRENT)		OTHER (LAST/CURRENT)	
17	Employer Name:						
18	Employer Address:						
19	Employment dates:	From:	To:	From:	To:	From:	To:
20	Rate of pay:	\$	per:	\$	per:	\$	per:
21	Last pay date & amount	Date	\$	Date	\$	Date	\$
	Reason terminated:						
22	Are you seeking employment?	YES	NO	Where:		Are you registered w/ODJFS?	
23	If NO, please explain why:						

ASSETS						
24	TYPE	\$ VALUE	TYPE	DESCRIPTION	\$ VALUE	LOAN OWED
	Checking:		Home			
	Savings or CD's		Other property			
	IRA/KEOGH		Vehicle			
	Other		Vehicle			
	Other		Other			

INCOME AND EXPENSES (VERIFICATION OF ALL INCOME AND EXPENSES REQUIRED)						
25	Monthly Net Income	Last 30 Days	Next 30 Days	Immediate Monthly Needs	Current Monthly Charges	Assistance Requested
	Wages - Veteran	\$	\$	Food & Toiletries	\$	
	Wages - Spouse	\$	\$	Rent / Mortgage	\$	
	Wages - Other	\$	\$	Water / Sewer	\$	
	VA Pension or Comp	\$	\$	Electric	\$	
	Other Pension or Comp	\$	\$	Gas (Heat)	\$	
	Retirement Benefits	\$	\$	Fuel Oil	\$	
	Social Security -Vet	\$	\$	Auto / Home Insurance	\$	
	Social Security -Spouse	\$	\$	Life Insurance	\$	
	SS Disability	\$	\$	Child support	\$	
	DHS (G.R. & ADC)	\$	\$	Telephone	\$	
	Child support	\$	\$	Medical expenses	\$	
	Food Stamps	\$	\$	Health Insurance	\$	
	Unemployment	\$	\$	Garbage	\$	
	Workmen's Comp	\$	\$	Credit Cards	\$	
	WIC	\$	\$	Cable / Satellite	\$	
		\$	\$		\$	
		\$	\$		\$	
	TOTAL	\$	\$	TOTAL	\$	

REASON REQUESTING ASSISTANCE: (p.4)

Page six (6) must be completed or this application will not be considered.

I understand that false statements made on this application may lead to my prosecution. I further understand that information given to obtain financial assistance is subject to release to other agencies or persons as deemed necessary by this office. I authorize the release of information from other agencies or persons to the Veterans Service Office as necessary to verify my information provided. 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.

_____ **Applicant's Signature** _____ **Date Signed**

Geauga County
Veterans Service Commission

470 Center Street – Building 8-A
Chardon, Ohio 44024
Telephone: (440) 279-1860

I _____ authorize and direct any Federal, state or local agency, business or individual to release to the Veterans Service Commission of Geauga County any information or material needed to complete and verify my application for emergency assistance.

I also consent for the Veterans Service Commission of Geauga County to release information from my file that is pertinent to any other agency. The Veterans Service Commission of Geauga County in the course of its duties can exchange information with Federal, State or local agencies including but not limited to:

Identity and Marital Status	Employment
Income and Assets	Residence and Rental Activity
Medical and Child Care allowances	Credit
Criminal Activity	Public Assistance (for the Purpose of)

Groups or individuals that may be asked to release information include but are not limited to:

Veterans Administration	Previous & Present Landlords
Jobs & Family Services	Courts and Probation Departments
Schools and Colleges	Law Enforcement Agencies
State Unemployment Agencies	Past & Present Employers
Bureau of Workers Compensation	Medical care/records Providers
Child Care Providers	Retirement Systems
Financial Institutes	Credit Bureaus

I agree that a photocopy of this release may be used for the purpose stated above. The original will stay in my file with the Veterans Service commission of Geauga County and stay in effect for one year and one day from the date signed.

_____ Veteran	_____ Social Security #	_____ Date
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_____ Spouse	_____ Social Security #	_____ Date
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**GEAUGA COUNTY
VETERANS SERVICE OFFICE**

470 Center St. Bldg 8-A
Chardon, Ohio 44024
(440) 279-1860

***RENT STATEMENT*
TO BE COMPLETED BY LANDLORD ONLY**

I, the undersigned landlord/manager, state that

Mr./Mrs. _____
(Tenant Name)

Do/will reside: _____

and **RENT/LEASE** (Circle one)

House Apartment Room Trailer

If tenant lives in trailer please state lot rent \$ _____

Monthly Rent \$ _____ Security deposit \$ _____
(Excluding cable, water, sewer)

No. of persons in residence _____ **Date moved/moving in** _____

Amount behind in rent \$ _____ **No. of months behind** _____

****Please provide printed documentation of tenant's payment history****

Name of Landlord or manager _____

Check payable to _____

Address _____

Phone _____ Fax _____

Fed ID# _____ or **SSN#** _____

I understand that false statements made on this form may lead to prosecution. I have completed and/or reviewed all information pertaining to the tenant and I certify that it is correct to the best of my knowledge.

Signature _____ Date _____

**♦ All fields must be completed before consideration for assistance
Upon approval** the Geauga County Auditor will issue a check in 2-3 weeks.

Sincerely,

Michele L. Pemberton
Director/CVSO
Revised 3-10-15 (Only this form will be accepted)