



Clinton County Veterans Service Commission
43 S. Walnut Street
Wilmington, Ohio 45177
Tel: (937) 382-3233 & Fax: (937) 655-8834

1. Complete the enclosed application prior to your appointment. If the packet is incomplete and or does not have all the supporting documentation you will be rescheduled.
2. The following supporting documents are required to establish identification and/or relation to the Veteran.

Military Discharge (DD 214)	Government issued photo ID
90 Days – Proof of residency in Clinton County	Marriage License (If applicable)
Birth Certificate and Social Security Cards for all dependents	Death Certificate (if applicable)

3. The follow documents are required for all residents in the household, if there is a disabled member in your household we require a disability statement from a medical professional.

Proof of income within the last 30 days

Payroll, Paystub, Wage Report	Social Security / Disability Income
Unemployment Compensation Report	Retirement Income
VA Compensation or Pension	Any other income within the last 30 days

Proof of debts within the last 30 days

Rent / Mortgage Statement	Cable/Satellite bill
Cellular phone bill	Credit card statement
Automotive expenses	Utility bill
Transportation expenses	Medical bills
Insurance statement	Daycare
Utilities not included in Utilities bill	Child support
Emergency repairs	Loan statements

Administrative Data

Full Name:	Date of Marriage:
SSN:	Date of Separation:
Occupation:	Spouses name:
Date of Birth:	Relationship to the Veteran:
Date of Passing (if applicable):	Applicant's phone number:

Residential Information:

Current address:	Previous address:
City:	City:
State:	State:
Zip code:	Zip code:
How long did you live there?	How long did you live there?

Dependent Information:

How many depend on your income?
Are you paying child support?
Are you receiving child support?

Proof of Military Service:

Branch of Service:	Branch of Service:
Date (from):	Date (from):
Date(to):	Date(to):
Type of Discharge:	Type of Discharge:

Steps taken to mitigate your financial situation:

Did you contact any other county/federal agency for support?
Did you contact the VFW?
Did you contact the American Legion?
Have you consulted a professional financial agent for counseling?

Employment information:

Are you employed?	Date of termination:
Employer's name:	Rate of pay (hourly/salary):
Employer's address:	Are you seeking employment:
Employer's phone number:	Are you registered with ODFS?
Date of employment:	If you are not seeking employment, explain why:

Assets:

Checking account balance:
Savings account balance:
Other account balance:
Other account balance:
Other account balance:

Financial situation in the last 30 days:

Page | 3

Total income in the last 30 days:

Total debt in the last 30 days:

Explanation of events that placed you in this financial situation:

Type of assistance you are requesting:

- ☐ Food voucher
☐ Financial assistance

Amount of assistance you are requesting:

What is your plan moving forward?

Additional comments you would like to add to the application:

Applicant's printed name:

Applicant's signature:

Date of application:

Landlord's verification:

Page | 4

Landlord's name or company:
Landlord's address:
City
State:
Zip code:

Previous month's rent:
Current month's rent:
Overdue balance:
Is the Veteran in danger of becoming homeless?

Landlord's printed name:	Landlord's signature:
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Financial Assistance Officer's recommendations:

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Financial award information:

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Director's decision:

- ☐ Approval
☐ Disapproval

Commissioner's decision:

- ☐ Approval
☐ Disapproval

Director's signature:	Commissioner's signature:
Date:	Date: