



CLINTON COUNTY VETERANS SERVICE COMMISSION

43 S. WALNUT STREET

WILMINGTON, OH 45177

TEL: (937) 382-3233 FAX: (937) 655-8834



FINANCIAL ASSISTANCE APPLICATION PACKET

PLEASE BRING THIS ENTIRE PACKET AND ALL REQUIRED DOCUMENTATION TO YOUR APPOINTMENT.

1. Please complete the enclosed application before your appointment. If you are not prepared with all necessary documentation, it may be necessary to reschedule your appointment and any possible assistance may be significantly delayed. If it is your first visit to our office, please bring all the following applicable documents:

Military Discharge (DD 214) - must be under honorable conditions	Photo ID issued by government agency
Proof of 90-day residency of in Clinton County (utility bill)	Marriage License (if applicable)
Birth certificates and Social Security cards for all dependents	Veteran's Death Certificate (if applicable)

2. The following documentation is needed to complete your application and **MUST** be brought to ALL financial assistance appointments. This information must be provided for ALL adults in the household. If any adult in the home is not working due to disability, we require a doctor's statement written in the last 30 days.

A. PROOF OF ALL INCOME FOR THE LAST 30 DAYS

Payroll Paystubs or Wage Reports

Unemployment Compensation documentation

VA Compensation or Pension documentation

Social Security Income/Disability documentation

Retirement income (military, PERS, union, etc.)

Any other income received in the last 30 days

B. CURRENT BILLS FOR ALL EXPENSES

Rent/Mortgage Statement

Cell Phone (\$85.00 monthly maximum allotted)

Automobile (\$555.00 monthly maximum allotted)

Transportation (\$85.00 monthly maximum allotted)

Insurance (Determine monthly amount if paid quarterly/yearly)

Water/Sewer/Trash (if not included in utility bill)

Emergency Repairs

Cable/Satellite Bills

Credit Card Accounts

Utility Bills

Medical Bills

Day Care

Child Support Payments

Loans (Personal, Pay-Day, Student)

3. An applicant who claims to be self-employed must provide their previous years' Federal Income Tax statement and their previous month's bank statement. Refusal to do so could result in a denial of the request.

4. Seasonal workers, such as, but not limited to, those in the construction industry including road construction, those working in the landscaping trade, non-teaching school employees, will not be eligible for assistance until 30 days after they receive their last full paycheck. During this 30-day waiting period, they are expected to complete Job Search Forms and contact ODJFS in seeking employment. Following the 30-day waiting period, they will only be eligible for one month's assistance. Supplemental assistance shall not apply. These cases will then be closed as no further eligibility.

5. An application may be denied for an applicant's failure to use due diligence in managing household finances, i.e. failure to live within your means. Financial Assistance is based on the applicant's gross income and not the amount of bills the applicant has incurred.

**CLINTON COUNTY VETERANS SERVICE COMMISSION
FINANCIAL ASSISTANCE APPLICATION/STATISCAL DATA SHEET**

This applicaton must be completed by answering all questions.

(Note: Disclosure of Social Security Account Numbers is voluntary, but failure to provide such information my affect your application for financial assistance.

Social Secutiy Numbers are used as secondary identifiers to determine an applicant's eligibility for assistance.

Veteran's Name: First		Middle		Last		SSN:	
1						Occupation:	
	Date of Birth:	Date of Death:	Marital Status:	Date of Marriage:	Date of Divorce/Separation/Dissolution:		
2							
	Spouse (Maiden name if applicable):			Spouse SSN:		Spouse Date of Birth:	
3							

Note: Common Law Marriages are recognized in Ohio only if they were established prior to October 10, 1991.

4	Veteran's address:		City	State	Zip	How long?	
5	Date established residency in this county: (proof required)				Home Phone:		
					Cell Phone:		
					Other Phone:		
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	Home Phone:		
				OH		Cell:		
						Other:		
10	Name of current landlord/mortgage co.			Telephone (area code)		Fax # (area code)		

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)

11	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

12	Names	How related to veteran	SSN:	Date of Birth:	Who has Custody:	Support Yes - No
a						
b						
c						
d						

13	Does anyone else live in your household? (If yes, please explain)		Yes	No
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	Has anyone in your household applied for assistance from any other agency in the last thirty (30) days? (If yes, please explain)		Yes	No
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14	Agency:	Assistance:	
	Agency:	Assistance:	

Employment		Veteran	Spouse	Other
15	Employer name:			
16	Employer address:			
17	Employer phone:			
18	Dates of Employment:			
19	Rate of pay:			
20	Are you seeking employment? Yes No	Where:		Are you registered with ODJFS? Yes No
21	If not seeking employment, explain why:			

Assets					
22	Type	\$ Value	Type	Description	\$ Value
a	Checking		Home		
b	Savings or CD		Other property		
c	Other:		Vehicle (year/model)		
d	Other:		Vehicle (year/model)		
e	Other:		Other:		

Income and expenses (verification of all income and expenses required)					
Present MONTHLY Net Income (last 30 days)		Estimated Immediate Monthly Expenses		Type and Amount of of Assistance Requested	
Wages - Veteran	\$	Rent/Mortgage	\$		
Wages - Spouse	\$	Heat	\$		
Wages - Children	\$	Electric	\$		
Pension or Compensation	\$	Phone	\$		
Retirement Benefits	\$	Water	\$		
Social Security - Veteran	\$	Sewer	\$		
Social Security - Spouse	\$	Food	\$		
SSI	\$	Cable	\$		
Welfare	\$	Auto Payments	\$		
Child Support	\$	Insurances	\$		
Unemployment Benefits	\$	Credit Accounts	\$		
Worker's Compensation	\$	RX/Medical	\$		
All other income	\$	Transportation	\$		
	\$	Day Care	\$		
	\$	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

CLINTON COUNTY VETERANS SERVICE COMMISSION HOUSING EXPENSES (PAST-DUE) FORM

RELEASE OF INFORMATION: My signature below means that I give the undersigned property owner (or his/her lawful agent) permission to furnish all information about me that is requested on this form. I understand that this information will be used to establish my eligibility for financial assistance. I also give the Clinton County Veterans Service Commission permission to contact the owner of the property (or lawful agent) where I live to obtain or clarify any information contained on this form.

Client's Name (Print)	Client's Signature	Date Applied
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TO BE COMPLETED BY LANDLORD

Street Address (include apt. # if any)	City, State	Zip
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Type of Dwelling	Single Family House	Apartment	Rooming House	Mobile Home	Other
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Name(s) on Lease			
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Check which items are included in Rent	Electric	Water/Sewer	Gas	Heat	Other _____
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List the FULL names of ALL persons who are (or will be) living in tenant's home.

PAST-DUE HOUSING EXPENSES

Monthly Rent Amount	\$
Rent Paid for Previous Month	\$
Rent Paid for Current Month	\$
Total Amount of Rent Owed	\$

PROPERTY OWNER INFORMATION

Property Owner's Name:	Is the renter or occupant a relative of the landlord or property owner?	Yes	No
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Property Owner's Address (if different than above):	City/State/Zip
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Property Owner's Phone:	
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I understand that if I make a false statement to mislead a public official to secure rental payments by the Veterans Service Commission, I may be prosecuted and subject to fines and imprisonment. I certify that I have completed the above information and declare that it is full and correct to the best of my knowledge.

Signature of Property Owner (or lawful agent)	Date:
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CLINTON COUNTY VETERANS SERVICE COMMISSION HOUSING EXPENSES (START-UP) FORM

RELEASE OF INFORMATION: My signature below means that I give the undersigned property owner (or his/her lawful agent) permission to furnish all information about me that is requested on this form. I understand that this information will be used to establish my eligibility for financial assistance. I also give the Clinton County Veterans Service Commission permission to contact the owner of the property (or lawful agent) where I live to obtain or clarify any information contained on this form.

Client's Name (Print)	Client's Signature	Date Applied
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TO BE COMPLETED BY LANDLORD

Street Address of Rental Property (include apt. # if any)	City, State	Zip
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Type of Dwelling	Single Family House	Apartment	Rooming House	Mobile Home	Other
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Name(s) on Lease		
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Check which items are included in Rent	Electric	Water/Sewer	Gas	Heat	Other _____
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List the FULL names of ALL persons who are (or will be) living in tenant's home.

START-UP HOUSING EXPENSES

Move-In Date	Month _____ Day _____
Monthly Rent	\$ _____
Security Deposit (Renter's Responsibility)	\$ _____
Total Amount to Move-In	\$ _____

PROPERTY OWNER INFORMATION

Property Owner's Name:	Is the renter or occupant a relative of the landlord or property owner?	Yes	No
Property Owner's Address	City/State/Zip		
Property Owner's Phone:			

I understand that if I make a false statement to mislead a public official to secure rental payments by the Veterans Service Commission, I may be prosecuted and subject to fines and imprisonment. I certify that I have completed the above information and declare that it is full and correct to the best of my knowledge.

Signature of Property Owner (or lawful agent)	Date:
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