

Veterans Assistance Application Package

The Ferry County Veteran's Assistance Fund is organized per provisions of Washington State RCW 73.08 and established by the Ferry County Commissioners. It is intended to provide financial assistance to veterans, or their spouses, for emergency, health, financial or living hardship situations that meet the criteria contained in the RCW.

The Ferry County Veteran's Advisory Board (VAB) advises the Ferry County Commissioners on matters regarding the fund and provides support to veterans by reviewing applications for assistance. The VAB submits their recommendation to the Commissioners for their approval of payments. The Ferry County Auditor will make payments directly to the vendor upon approval by the Commissioners.

The maximum amount of financial assistance that can be rendered in a 12 month period is \$750.00. The 12 month period starts the day following the payment of previous assistance. In addition, internment fees of up to \$1000.00 are also available for a deceased veteran.

APPLICATION REQUIREMENTS

*The following documents and information are **required** to evaluate your application. Incomplete or blank responses may invalidate or delay processing of the application.*

- **You Must Provide** a copy of your DD 214, Discharge Certificate.
- The name on this application must be the same name on the DD 214 and other documents. If not, provide a court order legal name change document.
- Proof of residency. Applicant must be a resident in the State of Washington for one year, prior to date of application and a resident of Ferry County, for 3 months, prior to date of application.
- **You Must Provide** a copy of most recent federal tax return.
- If a tax return was not filed **You Must Provide** copies of financial income sources. These include Social Security and VA statements, 1099's and W-2's from federal, state, local and private sources.
- Meet the attached Poverty Guidelines
- **You Must Provide** copies of the bills (not to exceed 3 vendors) for which you are requesting payment. The bills must include the vendor's name, address and telephone number as well as the current unpaid balance. Payment is only made directly to the vendor.
- Provide a completed application, including applicant and spouse's social security number
- **You Must Sign** the *Application*.
- **You Must Sign** the *Agreement to Obtain / Release of Information*.
- For internment assistance; provide a copy of veteran's DD 214 and a death certificate.
- The VAB does not retain ANY personal records.
- Send your application to: VAB, P.O. Box 1198, Republic, WA 99166

Your entire household income must be less than shown on the chart below, for the number of people that live in your home.

2018 Poverty Guideline Rates

Persons in Household	Poverty Guideline
1	\$18,210
2	\$24,690
3	\$31,170
4	\$37,650
5	\$44,130
6	\$50,610
7	\$57,090
8	\$63,570
9	\$70,050
10	\$76,530
11	\$83,010
12	\$89,490
13	\$95,970
14	\$102,450

VETERAN'S ASSISTANCE FUND APPLICATION

Full Name: _____

Also Known As (AKA) and/or Nickname: _____

Physical Address: _____

Mailing Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Length of Residency: Washington State - Years _____ Months _____

Ferry County - Years _____ Months _____

Household

Are other persons living in your household?

_____ Yes - If Yes, how many _____ and list them below.

_____ No - If No, skip to Income section.

Names of Person: _____ Relationship _____

Names of Person: _____ Relationship _____

Names of Person: _____ Relationship _____

Names of Person: _____ Relationship _____

Names of Person: _____ Relationship _____

Are any of persons employed and/or contributing to household income? Yes _____ No _____

If Yes, show the amount of the contribution in the Income Section.

Income

Are you employed? _____ Yes _____ No

If Yes, Name of Employer(s) _____

Self Employed? What do you do? _____

Enter the Net Income from your most recent filed tax form \$ _____

Attach a copy of your most recent Federal Tax Return

If you did not file a tax return, provide the information on all of your sources of income. Include social security, retirements, etc (Continue on attached sheet if needed)

Source of Income _____ \$ _____

Source of Income _____ \$ _____

Source of Income _____ \$ _____

Source of Income _____ \$ _____

Source of Income _____ \$ _____

Attach copies of your 1099s and W-2s

Your total annual income: \$ _____

Annual Income contributed by other members of the household:

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Total Contributed Income \$ _____

Total Household Income (all members of household) \$ _____

Monthly Expenses (You may be asked to show bills or document expenses)

Mortgage or Rent: \$ _____

Utilities (Water, Sewer, Power, etc.): \$ _____

TV, Telephone, Internet, etc.: \$ _____

Vehicle: \$ _____

Insurance: \$ _____

Other (i.e. Medical Expenses or Co-Pay): \$ _____

Total Monthly Household Expenses \$ _____

Other Assets

Checking Account:

Name of Bank _____

Location _____

Name on Account _____

Current Balance \$ _____

Checking Account:

Name of Bank _____

Location _____

Name on Account _____

Current Balance \$ _____

Savings Account:

Name of Bank _____

Location _____

Name on Account _____

Current Balance \$ _____

Savings Account:

Name of Bank _____

Location _____

Name on Account _____

Current Balance \$ _____

Other Account:

Type of Account _____

Name of Institution _____

Location _____

Name on Account _____

Current Balance \$ _____

List the bill(s) for which you are requesting assistance. Include a copy of the bill/invoice showing the vendor's name, address, telephone number and the invoice number or your account number. If the request is for a medical device, provide a copy of the doctor's statement or prescription.

NOTE: If your request is approved, the vendor will be paid directly.

Vendor Name _____ Address _____

Telephone (____) _____ Account/Invoice No. _____ Amount \$ _____

Vendor Name _____ Address _____

Telephone (____) _____ Account/Invoice No. _____ Amount \$ _____

Vendor Name _____ Address _____

Telephone (____) _____ Account/Invoice No. _____ Amount \$ _____

Total Amount Requested: \$ _____

Total can NOT exceed \$750 (or \$1000 for Internment)

Why You need this Assistance

Describe why you need financial assistance and the efforts you have taken to resolve the situation. Address any item in the foregoing sections that may need further explanation. This is your opportunity to be heard.

I understand that the financial assistance requested by this application is not an entitlement and that the abuse of funds can be prosecuted if information is withheld or if information provided is falsified or fraudulent. I also understand that the provision of financial assistance is subject to funds being available and approval of the Ferry County Board of Commissioners.

Printed Name: _____ Soc Sec No. _____

Signature _____ Date _____

IMPORTANT reminder:

You Must Provide a copy of your DD 214.

You Must Provide a copy of your tax return.

Or **You Must Provide** copies of your 1099's, W-2's or Social Security Statements.

You Must Provide copies of your Disability and/or VA income Statements.

You Must Provide copies of the bills/invoices.

You Must Sign the Application.

You Must Sign the Agreement to Obtain / Release of Information.

Mail your application to:

VAB

P.O. Box 1198

Republic, WA 99166

FERRY COUNTY VETERANS ASSISTANCE FUND

AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I understand that the information in this application may need to be shared or verified to obtain information from other agencies or institutions to assist the Ferry County Veterans Assistance Board, in determining the need for financial assistance.

I authorize the release of information by any agency or institution (to include employers, community service organizations, and financial institutions) to the Ferry County Veterans Assistance Board in connection with an application for financial assistance or internment of a deceased veteran application.

I understand that any information obtained by the Ferry County Veteran’s Assistance Board will remain confidential and will be used only in conjunction with this specific application for assistance.

I authorize the Ferry County Board of Commissioners and the Ferry County Auditor to review any information in conjunction with this application before release of funds.

Signatures of the Applicant and Spouse are Required:

Applicant

Printed Name: _____ Soc Sec No. _____

Signature _____ Date _____

Spouse

Printed Name: _____ Soc Sec No. _____

Signature _____ Date _____