

# VETERANS ASSISTANCE PROGRAM ELIGIBILITY CERTIFICATION

## Assistance requested:

- Housing:** Veteran must have rental agreement, eviction notice, or looking for housing.
- Utilities:** Veteran must have disconnect/final notice in Veteran's name.
- Food Voucher:** Not to be used for alcohol, tobacco or lottery products.
- Transportation:** Bus pass or gasoline if needed; for gas, must have valid license, registration, insurance, in Veterans name.
- Prescription:** Must be doctor-ordered medication in Veteran's name.
- Burial or Cremation:** Copy of death certificate and quote from funeral home.
- Work Related:** Assistance necessary to become or remain employed.
- Auto Repair:** Necessary for employment / medical. Must have license, registration and insurance, in Veterans name.
- Dental Care:** Emergency dental treatment as recommended by the Free Clinic of SW Washington.
- Storage:** To prevent auction and loss of items, must have final notice.
- Communication:** Must show need for assistance.

**\*PLEASE SEE POLICIES AND PROCEDURES FOR ALL REQUIRED ELIGIBILITY DOCUMENTATION.**

### Veteran's Certification

I have no assets or other resources to meet the needs identified above. I have been a resident of Washington State for at least one year and live in Clark County. I certify that the information I have provided is complete and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information.

I give my permission for this agency to request/release information necessary to receive benefits from this request. I further give my utility vendor and landlord permission to release my account information to the agency. I understand assistance is in the form of vouchers or direct payments to vendors.

\_\_\_\_\_  
Veteran's Signature

\_\_\_\_\_  
Date

Do not write below this line. To be filled out by County Service Officer only

**Honorable Discharge**

**Under 150% of Poverty**

**Clark County/WA Resident**

**(200% for Housing/Dental)**

### Veterans Assistance Officer Certification

I do hereby certify that \_\_\_\_\_, is eligible for assistance.

Documentation of eligibility will be kept on file for five (5) years.

\_\_\_\_\_  
Service Officer's Signature

\_\_\_\_\_  
Date

# APPLICATION FOR FINANCIAL ASSISTANCE

## Section 1 RESIDENCY

Veteran must submit copy of a valid WA Driver's License or Identification Card or other proof of Washington Residency. Applicants must be a WA resident for at least one year prior to application.

Street Address

Apt. #

City

State

Zip

Telephone Number

Email Address

## Section 2 VETERAN INFORMATION

SSN

Last Name

First Name

MI

Married

Widowed

Divorced

Separated, living apart

Never married

## Section 3 SPOUSE INFORMATION

SSN

Last Name

First Name

MI

## Section 4 OTHER HOUSEHOLD MEMBER INFORMATION

**List all other people living in the home** even if you are not applying for benefits for them. Attach a separate sheet if necessary. A birth certificate or other evidence for family members is required for anyone applying for assistance.

Name (Last, First, MI)

Date of Birth

Sex

Relationship to you


**Section 5 MONTHLY HOUSEHOLD INCOME RECEIVED OR EXPECTED**

Note: You must list ALL money from ANY source. List the GROSS amount.

	Veteran	Spouse
<b>Source of Income PER MONTH</b>	-X-X-X-X-X-X-X-X-X-X-X-	-X-X-X-X-X-X-X-X-X-X-X-
Social Security, any type		
SS received on behalf of dependents		
VA Compensation		
VA Pension		
Military Retirement		
Public Assistance (MFIP, GA, MSA)		
Private Pension/Other Retirement		
Child Support Received		
Spousal Support Received		
Worker's Compensation		
Unemployment Insurance		
Earned Wages/Employment Income		
Self Employment Income		
Rental Income		
Short Term and/or Long Term Disability		
IWT and/or CWT from VAMC		
<b>ANY other Money from ANY Source</b>		
<b>Total Monthly Household Income</b>		

**Section 6 HOUSEHOLD FINANCIAL RESOURCES AND ACCOUNTS**

List any checking or savings accounts, CDs IRAs, 401Ks and similar resources if any. You must include any business or self-employment accounts.

Type of Account	Bank

**Section 7****VETERAN EMPLOYMENT INFORMATION**

Veteran must provide the following requested information and list monthly wages in Section 5 above in "Earned Wages/Employment Income." **If employed, submit copies of last 3 month's paychecks or bank statements.** If not currently employed, please provide this information for most recent employer.

Are you currently employed? Yes    No	What is your usual occupation?	
What is the date you last worked?	How often are you paid?	
Name of Employer	Telephone Number	
Address of Employer	City & State	Zip Code
Are you self-employed? Yes    No	What is your business?	
Do you receive any continuing income from the business? Yes    No	If yes, what amount?	

If self-employed, please list income from **all** sources under "Self Employment Income" in Section 5 above. Provide a copy of most recent Form 1040 with the appropriate schedules for the business and provide the business account information in Section 6 above.

**Section 8****SPOUSE EMPLOYMENT INFORMATION**

Veteran spouse must provide the following requested information and list monthly wages in Section 5 above in "Earned Wages/Employment Income." **If employed, submit copies of last 3 month's paychecks or bank statements.** If not currently employed, please provide this information for most recent employer.

Are you currently employed? Yes    No	What is your usual occupation?	
What is the date you last worked?	How often are you paid?	
Name of Employer	Telephone Number	
Address of Employer	City & State	Zip Code
Are you self-employed? Yes    No	What is your business?	
Do you receive any continuing income from the business? Yes    No	If yes, what amount?	

If self-employed, please list income from **all** sources under "Self Employment Income" in Section 5 above. Provide a copy of most recent Form 1040 with the appropriate schedules for the business and provide the business account information in Section 6 above.

**Section 9 VETERAN CASE MANAGEMENT OFFICER ADDITIONAL REMARKS**

Use this space for any additional information, comments, recommendations, etc.

**Section 10**

**AFFIDAVIT**

**Veteran must read and initial the following:**

“Income” means earned and unearned income from any source, including windfalls, income tax refunds, property tax refunds, and rebates, reduced by amounts paid or withheld for federal and state income taxes, and social security taxes.

\_\_\_\_\_ I have reported **ALL** money received and expected to be received from **ALL** sources.

\_\_\_\_\_ All of the information that I have provided on this application is true, correct and complete and I have not withheld nor misrepresented any information.

**It is my understanding that access to this information may be provided to the Clark County Veterans Advisory Board. No other use, not specifically authorized by law, will be made of this information without my prior written consent. I understand that I am under no obligation to supply the information requested, however, since eligibility cannot be determined without providing such information, the consequences of such refusal would make me ineligible.**

Veteran’s Signature

Date Signed

Please mail or deliver to the Clark County Veterans Assistance Center, this form contains personal private information.