

# Jasper County Commission of Veterans Affairs

## Financial Assistance Application/Statistical Data Sheet

(Note: Disclosure of Social Security Numbers is Voluntary, but failure to provide such information may affect your application for financial assistance) Social Security Numbers are used as secondary identifiers to determine an applicant's eligibility for assistance

<b>This application must be completed by answering all questions</b>				Date of Application:	
Veteran's Name: Last First Middle			SSN:		
			Occupation:		
Date of Birth:	Date of Death:	Marital Status:	Date of Marriage:	Date of Divorce:	
Spouse: (Maiden Name if Applicable)			Spouse SSN:		
			Occupation:		
Veteran's Address:		City	State	Zip	How Long?
Years in Jasper County?	Telephone	Cell	E-mail		
Name of current Landlord/Mortgage Co.		Telephone	Mailing Address		

**IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:**

Name:		Relationship to Veteran:	Date of Birth:	SSN:	
Address:		City	State	Zip	Telephone:

**MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)**

Date From:	To:	Type of Discharge:	Branch of Service:	Conflicts involved in:
Date From:	To:	Type of Discharge:	Branch of Service:	

**DEPENDENTS**

Names:	Relation:	SSN:	Date of Birth:	Custody/Support Paid:

Do any additional people live in your household?  
(If yes, please explain)

Has anyone in your household applied for assistance from any other agency in the last 30 days? (If yes, please explain below)

Agency:	Type of Assistance:
Agency:	Type of Assistance:
Agency:	Type of Assistance:

<b>Employment/Education</b>	<b>Veteran</b>	<b>Spouse</b>	<b>Other</b>
Employer Name:			
Date of Employment:			
College Name:			
Date of Enrollment:			
Rate of Pay/Education assistance:	\$	\$	\$
Are you currently seeking employment? Y / N	Are you Currently Enrolled in Workforce Development?		Y / N

Please list where you are seeking employment or what trade:  
 If not seeking employment, explain why:

<b>ASSETS</b>					
TYPE	VALUE	TYPE	DESCRIPTION	VALUE	LOAN OWED
Checking	\$	Home		\$	
Savings/CD	\$	Property		\$	
Other	\$	Vehicle		\$	
Other	\$	Vehicle		\$	
Other	\$	Other		\$	

**INCOME AND EXPENSES (VERIFICATION OF ALL INCOME AND EXPENSES REQUIRED)**

Current Monthly Net Income		Current Monthly Expenses		Assistance Requested	
Wages Veteran	\$	Food	\$	Type:	Amount:
Wages Spouse	\$	Shelter	\$		
Wages Additional	\$	Water	\$		
Pension / Compensation	\$	Electric	\$		
Retirement Benefits	\$	Heat	\$		
Social Security Veteran	\$	Telephone	\$		
Social Security Spouse	\$	Cable	\$	Please explain why you need assistance at this time:	
SSI	\$	Auto Payment	\$		
Welfare	\$	Health Insurance	\$		
Food Stamps	\$	Auto Insurance	\$		
Child Support	\$	Child Support	\$		
Unemployment	\$	Transportation	\$		
Worker's Compensation	\$	Day Care	\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>		

**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 certify that it is correct to the best of my knowledge.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date Signed