

Sandusky COUNTY VETERANS SERVICE COMMISSION FINANCIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET

This application must be completed by answering all questions.

(Note: Disclosure of Social Security account 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.

Veteran's Name: First	Middle	Last	Date:	SSN:
				Occupation:
Date of Birth:	Date of Death:	Marital Status:	Date of Marriage:	Date of Divorce/Separation:
Spouse (Maiden Name If Applicable):			Spouse SSN:	Spouse Date of Birth:

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

Date Established Residency In This County: (Proof of Residency is Required)			Telephone: <small>Include Area Code ()</small>	
Veteran's Address:	City:	State:	Zip Code:	How Long At Address:
Name & Address of Landlord/Mortgage Company:				Telephone: <small>Include Area Code ()</small>
Previous Address:	City:	State:	Zip Code:	How Long At Address:

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

Name:	Relationship to Veteran	SSN:	Date of Birth:
			0-0-
Address:	City:	State:	Zip Code:
			Telephone: <small>Include Area Code ()</small>

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)

Date From:	To:	Type of Discharge:	Verified - (Office Use Only)
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date From:	To:	Type of Discharge:	Verified - (Office Use Only)
			<input type="checkbox"/> YES <input type="checkbox"/> NO

DEPENDENTS - PROOF OF DEPENDENCY REQUIRED

Names:	How Related:	SSN of Dependents:	Date of Birth:	In Custody of Who:	Support Yes-No

Does Anyone Else Live In Your Household? YES NO

Has Anyone In Your Household Applied For Assistance From Any Agency In The Last 30 Days? YES NO

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

EMPLOYMENT	APPLICANT	SPOUSE	OTHER
Employer Name:			
Employer Address:			
Employment Dates:	From:0-0- To:0-0-	From:0-0- To:0-0-	From:0-0- To:0-0-
Reason Terminated:			
Rate of Pay:	\$	\$	\$
Are You Seeking Employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	Are You Registered With ODJFS: <input type="checkbox"/> Yes <input type="checkbox"/> No

If Not Seeking Employment, Explain Why:

ASSETS

TYPE	\$ VALUE	TYPE	DESCRIPTION	\$ VALUE	LOAN OWED
Checking	\$	Home		\$	\$
Savings or CD	\$	Other Property		\$	\$
IRA/KEOGH accounts	\$ 0	Vehicle		\$	\$
Oil, gas or other rights	\$	Vehicle		\$	\$
Other	\$ 0	Other		\$	\$

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

PRESENT MONTHLY NET INCOME (Last 30 Days)		ESTIMATED IMMEDIATE MONTHLY NEEDS		ASSISTANCE REQUESTED	
	\$		\$	AMOUNT	TYPE
Wages-Veteran	\$	Food	\$		
Wages-Spouse	\$	Shelter	\$		
Wages-Other	\$	Water	\$		
Pension or Compensation	\$	Electric	\$	\$	
Retirement Benefits	\$	Heat	\$		
Social Security-Veteran	\$	Child Support	\$	\$	
Social Security-Spouse	\$	SUBTOTAL	\$ 0		
SSI	\$	Car Payment	\$	\$	
Dept. of Human Services	\$	Telephone	\$		
Child Support	\$	T.V. Cable	\$	\$	
Unemployment Benefits	\$	Trash Pickup	\$		
Workers Compensation	\$	Gasoline/Oil	\$	\$	
	\$	Insurances	\$		
	\$	Medical Expense	\$	\$	
	\$	Bank Payment	\$		
	\$	Credit Cards	\$	\$	
	\$	Judgments	\$		
	\$	Other	\$	\$	
TOTAL	\$	TOTAL	\$	TOTAL	\$

Please explain why you need assistance at this time:

I, the undersigned, hereby authorize the Veterans Service Commission/Veterans Service Office to release and provide any information as requested from my records or files to other agencies, organizations or persons to establish my eligibility for benefits through that office or the Department of Veterans Affairs. I also authorize release of information from any agency, organization, company, financial institution or person to the Veterans Service Commission/Veterans Service Office as needed to establish my eligibility for benefits through that office or the Department of Veterans Affairs. I understand my application statement for assistance is not a matter of public record (ORC § 149.43). I certify that I am or have been a resident of this county for the required three months (ORC § 5901.08) prior to the execution of this application for Veterans Service Commission Financial Assistance.

Date Signed

Applicant's Signature

Date Signed

Approving CVSO's Name - Signature