

**Clermont County Veterans' Service Commission**  
**Temporary/Emergency Financial Assistance**

**Name:** \_\_\_\_\_ **Date:**     /     /

Status: (Circle One)- Veteran/Spouse/Widow/Dependent

**Have you received assistance in this office previously? Yes - No**

The purpose of our financial assistance program is to provide emergency financial assistance to veterans in need. It is the responsibility of the veteran/applicant to show proof that their current financial situation is an emergency and relief is justified. We consider all household income, living expenses, available assets, medical expenses and the special needs of each veteran/applicant when determining eligibility.

The veteran upon whose service the application for financial assistance is made must have been discharged "Under Honorable Conditions" and must have served at least 90 days active duty for purposes other than training (DD-214 required). The veteran/applicant must be a resident of Clermont County and submit proof of that residency – (i.e. utility bill, lease, mortgage statement, etc.).

We may provide assistance for the following; Rent/Mortgage, Utilities (excluding Cable), Food, Medical (limited).

Please complete the attached questionnaire and application for financial assistance and provide the following documentation:

Copy of your /veteran's DD Form 214, copy of valid Ohio Drivers License or State ID. We will also need copies of your utility bills, mortgage statement, lease for proof of residency.

(We will not provide financial assistance to any veteran/ applicant without a copy of the DD Form 214 or equivalent.)

**1. Please explain why you are in need of financial assistance in space provided below:**

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## Temporary Financial Assistance

2. What is your current income and employment situation?

3. If you are unemployed, Why? Please explain.

4. What are your current living arrangements?

5. Do you have a current eviction notice or cut off notice on your electric /telephone/water service? Please specify:

6. Please list all other household income and source below:

7. How did you hear about us? (Please circle one)

Walk-In

TV

Radio

Friend/Family

Other \_\_\_\_\_

**CLERMONT COUNTY VETERANS' SERVICE COMMISSION  
FINANCIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET**

**Date:** \_\_\_ / \_\_\_ / \_\_\_

**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.

1	Veteran's Name: Last                      First                      M.I.			SSN:	
				Occupation:	

2	DATE OF BIRTH:	DATE OF DEATH:	MARITAL STATUS:	DATE OF MARRIAGE:	DATE OF DIVORCE/SEPARATION:
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3	SPOUSE (MAIDEN NAME IF APPLICABLE)		SPOUSE SSN:	SPOUSE DATE OF BIRTH:
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**Note: Common law marriages are recognized in Ohio only if they were established prior to October 10, 1991.**

4	VETERANS ADDRESS:	CITY:	STATE:	ZIP:	HOW LONG?
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5	DATE ESTABLISHED RESIDENCY IN THIS COUNTY: (PROOF REQUIRED)	TELEPHONE NUMBER
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6	PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:	HOW LONG?
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7	NAME OF CURRENT LANDLORD/MORTGAGE CO.	TELEPHONE	FAX
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**IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:**

8	NAME:	RELATION TO VETERAN:	DATE OF BIRTH:	SSN:
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9	ADDRESS:	CITY:	STATE:	ZIP:	TELEPHONE (AREA CODE)
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**MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)**

10	DATE FROM:	TO:	TYPE OF DISCHARGE:	BRANCH OF SERVICE:	VERIFIED (OFFICE USE ONLY) YES - NO - DD214 - VA
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11	DATE FROM:	TO:	TYPE OF DISCHARGE:	BRANCH OF SERVICE:	VERIFIED (OFFICE USE ONLY) YES - NO - DD214 - VA
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**DEPENDENTS**

12	NAMES:	HOW RELATED:	SSN'S:	DATE OF BIRTHS:	IN CUSTODY OF WHO:	PROVIDE SUPPORT? YES - NO
13						
14						
15						
16						
17						

18	DOES ANYONE ELSE LIVE IN YOUR HOUSEHOLD? (IF YES, PLEASE EXPLAIN)	YES	-	NO
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19	HAS ANYONE IN YOUR HOUSEHOLD EVER APPLIED FOR ASSISTANCE FROM ANY OTHER AGENCY IN THE LAST 30 DAYS? (IF YES, PLEASE EXPLAIN)	YES	NO
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20	AGENCY:	ASSISTANCE:
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21	AGENCY:	ASSISTANCE:
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EMPLOYMENT	VETERAN	SPOUSE	OTHER
Employer Name:			
Employer Address:			
Employer Phone:			
Dates of Employment:			
Rate of Pay:	\$	\$	\$
ARE YOU SEEKING EMPLOYMENT? YES NO	WHERE:		ARE YOU REGISTERED WITH JOB AND FAMILY SERVICES? YES NO

IF NOT SEEKING EMPLOYMENT, EXPLAIN WHY:

ASSETS					
TYPE	\$VALUE	TYPE	DESCRIPTION	\$VALUE	LOAN OWED
CHECKING		HOME			
SAVINGS		OTHER PROPERTY			
CD		VEHICLE			
OTHER		VEHICLE			
OTHER		OTHER			

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

PRESENT MONTHLY NET INCOME (Last 30 Days)		MONTHLY BILLS (Last 30 Days)		ASSISTANCE REQUESTED	
	\$		\$	TYPE	AMOUNT
Wages – Veteran	\$	Food	\$		
Wages – Spouse	\$	Shelter	\$		
Wages – Children	\$	Water	\$		
Pension or Compensation	\$	Electric	\$		\$
Retirement Benefits	\$	Propane/Oil	\$		
Social Security – Veteran	\$	Telephone	\$		\$
Social Security – Spouse	\$	Cable	\$		
SSI	\$	Auto Payments	\$		\$
Welfare	\$	Insurances	\$		
Food Stamps	\$	Credit Accounts	\$		\$
Child Support	\$	Recurring RX/Medical	\$		
Unemployment Benefits	\$	Transportation	\$		\$
Workers Comp	\$	Day Care	\$		
All other income	\$	Child Support	\$		\$
	\$		\$		
	\$		\$		\$
Total	\$	Total	\$	Total	\$

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. UNDERSTAND THAT BY SIGNING THIS APPLICATION YOU GIVE PERMISSION TO ANY GOVERNMENT ORGANIZATION TO REVIEW THE COMPLETE FINANCIAL FILE.

\_\_\_\_\_ Date Signed \_\_\_\_\_ Applicant's Signature

ACTION TAKEN				
VENDOR CODE	VOUCHER #	GRO. # / STORE	ERA	MAIL OR PICKUP
	\$ AMOUNT	\$ AMOUNT		EMPLOYEE #