

**MONTGOMERY COUNTY VETERANS SERVICE COMMISSION**  
**627 Edwin C. Moses Boulevard, 4<sup>th</sup> Floor East Medical Plaza, Dayton, OH 45408**  
**937-225-4801**

## **FINANCIAL ASSISTANCE APPEAL FORM**

\_\_\_\_\_  
Last Name      First Name      Middle Initial

\_\_\_\_\_  
Street Address      City and Zip Code

\_\_\_\_\_  
Daytime Telephone Number      Date of Decision Being Appealed

**LIST REASON FOR DENIAL AS STATED IN LETTER RECEIVED FROM THE VETERANS SERVICE COMMISSION:**

\_\_\_\_\_  
\_\_\_\_\_

**LIST YOUR REASON FOR APPEALING YOUR DENIAL DECISION AND ANY OTHER INFORMATION PERTINENT TO YOUR APPLICATION DECISION (If additional space is needed, use back of form):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The original appeal form must be completed, signed by the applicant, and submitted to the Veterans Service Commission office before an appeal hearing date will be scheduled.

I wish to make my appeal in person \_\_\_\_\_ Yes \_\_\_\_\_ No  
I understand that if I fail to appear at my scheduled personal appeal hearing, the Montgomery County Veterans Service Commission will uphold my original denial for assistance.

\_\_\_\_\_  
Signature      Date