

# Montgomery County Veterans Service Commission Financial Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Sources of household income (include all gross income for last 30 days):

\_\_\_\_\_

All household income documentation for the last 30 days is attached: \_\_\_\_\_ yes \_\_\_\_\_ no

If you have no income, how long have you been without income? Date \_\_\_\_\_

How have you been paying your monthly expenses without income?

\_\_\_\_\_

List what other benefits you have applied for and are receiving:

\_\_\_\_\_

Do you have access to credit? \_\_\_\_\_ yes \_\_\_\_\_ no

2. **I am a new financial applicant.**

I have attached my DD-214 \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached my legal marital status document (marriage certificate, separation paperwork, etc.) \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached all birth certificates for my legal dependents \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached death certificate (if applicable) \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached proof of Montgomery County residency (piece of mail, not handwritten or from a post office box, showing your name and address, dated 90-150 days prior to this date) \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached a copy of my valid OHIO ID \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached my bank activity statement for all accounts for the last 45 days \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached my current lease, completed Landlord Form, and Taxpayer Identification Form \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached my completed Mortgage Form and Taxpayer Identification Form \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached my current address latest utility bill (service must be in veteran or spouse's name):

Electric \_\_\_\_\_ yes \_\_\_\_\_ no

Gas or Propane \_\_\_\_\_ yes \_\_\_\_\_ no

Water \_\_\_\_\_ yes \_\_\_\_\_ no

3. **I have applied for financial assistance before from this office.**

I have attached any updated marital status or birth certificates not already in my file \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached proof of Montgomery County residency (piece of mail, not handwritten or from a post office box, showing your name and address, dated 90-150 days prior to this date) \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached a copy of my valid OHIO ID \_\_\_\_\_ yes \_\_\_\_\_ no

I have attached my bank activity statement for all accounts for the last 45 days \_\_\_\_\_ yes \_\_\_\_\_ no

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I have attached my current address latest utility bill (service must be in veteran or spouse's name):

Electric \_\_\_\_\_ yes \_\_\_\_\_ no

Gas or Propane \_\_\_\_\_ yes \_\_\_\_\_ no

Water \_\_\_\_\_ yes \_\_\_\_\_ no

4. I am requesting assistance consideration of \_\_\_\_\_

5. I understand a Financial Assistance Specialist will contact me at this phone number \_\_\_\_\_ to discuss this application and attached documents. Three attempts will be made to contact me at the number I have listed above. If no contact is made, this application will be considered incomplete and assistance will not be considered.

6. I understand and agree that the Montgomery County Veterans Service Center may make a thorough investigation of my financial circumstances, employment activities, and housing. I hereby release you, your organization or others from any liability or damages which may result from the exchange of the information requested. I also certify that all statements contained herein or at any step of the application process are true, complete, and correct to the best of my knowledge. Knowingly providing false, misleading or incomplete information when applying for financial assistance may result in the denial of financial assistance now and in the future, required restitution, and subjection to criminal prosecution.

7. I understand that I have the right to appeal a denial decision before the Veterans Service Commission. I must complete an appeal form and contact 225-4801 to schedule an appeal.

\_\_\_\_\_  
Signature (In signing this application, you have agreed to all stated above)

**For office use only** Staff Initials \_\_\_\_\_

1. Contact attempt date & time \_\_\_\_\_

2. Contact attempt date & time \_\_\_\_\_

3. Contact attempt date & time \_\_\_\_\_