

Financial Application Packet

(Rent/Mortgage, Utilities, Food)

Montgomery County Veterans Service Commission
627 Edwin C. Moses Blvd., 4th Floor, East Medical Plaza, Dayton OH 45417
Phone: 937-225-4801
Fax: 937-225-4854

Once all items on the list below have been obtained, please call 937-225-4801 to schedule an appointment. Please note that your application will not be taken or considered without the necessary items listed below and all forms must be complete and submitted at the time of the application. It is your responsibility to obtain the necessary documentation before your appointment and you must be prepared to discuss what has taken place financially that causes you to apply for assistance. Applying for financial assistance is not an entitlement and you must demonstrate a documented need. Please note that financial assistance is only for the support of the veteran, legal spouse of the veteran, and the legal dependents of the veteran.

1. A copy of all your DD-214s unless previously provided. You must have an honorable or under honorable (general) character of service, which must be visible on the DD-214 copy.
2. Proof of residency of Montgomery County for at least 90 days. (i.e., utility bill with your address)
3. A copy of your current (not expired), valid Ohio photo identification.
4. A copy of your Marriage Certificate (if you are married), Divorce Decree (if you are divorced), Death Certificate (if your spouse is deceased) unless previously provided or there has been a change in your status (marriage, divorce, or death).
5. A copy of your bank activity statement for all accounts for the last 60 days. The Bank Account Activity Request Form is included in this packet, if needed, to obtain your bank activity statement.
6. A copy of all receipts of payments you made that are not detailed on your bank activity statement.
7. Housing – **RENT**
 - Copy of current, signed and dated Lease
 - Landlord Ledger Form completed by your landlord
 - Request for Taxpayer Identification and Certification

Please note that MCVSC will not consider any request for payment to any relative and your landlord must be registered with the Montgomery County Auditor as a rental property owner (937-225-4314). All property owners will be verified.

8. Housing – **MORTGAGE**

- Mortgage Company Ledger Form completed by your mortgage company
- Request for Taxpayer Identification and Certification or W-9

Please note that the mortgage must be in your name and property's in we will not consider assistance if your mortgage is in foreclosure.

9. If you have utilities (gas, electric, water) in your name, bring a copy of your latest bill for each. We will not consider utility assistance for accounts that are not in your name. You may be required to submit an application for a percentage of income payment plan for your DP&L and Vectren if noted by the intake person. Once you are placed on a percentage of income payment plan, if you default on your payments utility assistance will not be considered.
10. A copy of all income for the last 60 days for the household to include VA compensation, VA disability, child support payments and foster care payments.

RELEASE OF LIABILITY

I have read and understand the requirements and policies of receiving financial assistance from Montgomery County Veterans Service Commission. I further understand and agree that the Montgomery County Veterans Service Commission may make a thorough investigation of my financial circumstances, employment and income, housing, and utility services. Therefore, I hereby release Montgomery County Veterans Service Commission and its employees or others from any liability or damages which may result from this exchange of my personal information. I understand that all assistance awards are based on eligibility and a demonstrated and documented need. I understand that funding for the Montgomery County Veterans Service Commission is through property tax revenues and understand that the Montgomery County Veterans Service Commission diligently works to ensure all assistance is dispersed in the best interest of those taxpayers. I further understand that 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 subject to criminal prosecution. I hereby certify that all statements provided by me at any step of the financial application process are true, complete, and correct to the best of my knowledge.

Applicant Signature

Date

Printed Name

Phone Number

Address

Email