

WEBSTER COUNTY VETERANS AFFAIRS COMMISSION APPLICATION FOR ASSISTANCE

Date of Application: _____ No. in Household: _____

APPLICATION FOR: Rent Utilities Transportation Burial
 Medications Other _____

 Last Name First Name Middle Sex M / F

 Maiden / other names Soc. Sec. # Marital Status M / S / D

 Date of Birth Telephone # US Citizen Y / N

PRESENT ADDRESS:

 Street City State Zip How Long? Rent Amount

 Landlord Name & Address: _____

If you have not lived at your present address for at least one full consecutive year, list your previous addresses and the dates you lived there:

1. _____

2. _____

3. _____

 Street City State From To

List all Members of the Household (include relatives, roommates, etc.):

Name	Birth Date	Relationship	Remarks

CURRENT MARRIAGE:

Spouse: _____

Date of Marriage: _____

Previous Spouse: _____

Date of Divorce: _____

MILITARY RECORD:

Branch: _____

Service Dates: _____

Discharge Type: _____

Are you receiving food stamps? Yes; Amount _____ No; Date Applied _____

Are all able-bodied household members registered with Workforce Development: Yes No

Are you receiving child support? Yes - Amount _____ No

Do you have any type of insurance? Health _____ 03 Life - Cash Value _____

Do you have a burial fund? Yes - Amount _____ No

Have you voluntarily quit a job in the last 90 days? _____

Current Monthly Household Income:

	Applicant Income	Others in Household Income	List any current monthly payments made on medical/mental health OR pharmacy bills only
Employment wages			
Cash from Family/ Friends			
FIP			
Rental Assistance			
Social Security			
Social Security/Disability			
Supplemental Security Income			
Veterans Benefits			
Railroad Pension			
Child Support/Alimony			
Dividends, Interest, etc.			
Unemployment			
Self employment wages			
Worker's compensation			
Any other income			
Total monthly household net income			

Resources (including amounts in whole dollars and location):

Resource.	Applicant	Others in Household	Location
Cash on hand	\$	\$	
Checking Account	\$	\$	
Savings Account	\$	\$	
Stocks/Bonds	\$	\$	
Time Certificates	\$	\$	
Trust Funds	\$	\$	
Other	\$	\$	

List all motor vehicles: cars, trucks, motorcycles, recreational vehicles, boats, etc.

Year	Type	Make	Fair Market Value	Amount Owed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History:

Employer	City	Job Duties	From: Mo/Yr	To: Mo/Yr

OTHER INFORMATION:

Have you applied anywhere else for any type of assistance in the last 6 months? Yes ____ No ____

If yes, where and determination? _____

Have you disposed of any assets during the last six months for less than the fair market value? **Yes** ____ **No** ____

I understand I assume full responsibility for the accuracy of the statements on this form and I understand the County Veterans Affairs Department will use these statements to determine my eligibility.

I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons (doctors, employers, department of human services, food stamp certifiers, cashiers, bankers, etc.) to release information concerning my personal situation to the Webster County Veterans Affairs Department, if it deems such information is necessary.

Applicant's Signature (or Legal Guardian)

Date

Notification of Decision:

Eligibility will be determined within 30 days from date of application. Applicants will receive a written notice of eligibility determination.