



# 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
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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
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**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 \_\_\_\_\_ • 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 <u>payments</u> made on <u>medical/mental health</u> OR <u>pharmacy bills</u> 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			
<b>Total monthly household net income</b>			

**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, ect.) 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.**