

Date of Application \_\_\_\_\_

Complete pages one and two only  
along with additional forms given

# Application for Assistance

## The Veterans Service Commission, Medina County, Ohio

VETERAN - First Name - Middle Name - Last Name

Home Phone Number (include area code)

Mailing Address of Veteran (Number and Street or Rural Route or P.O. Box, City, State, Zip)

Cell Phone Number (include area code)

Veteran's Social Security Number

E-mail Address (veteran or claimant)

Spouses Social Security Number

CLAIMANT - Name and Physical Address if Different From Above

Relationship to Veteran

**(CHECK ONE)**

- Veteran     Spouse     Widow/er  
 Child     Parent     Other

Spouses Date of Birth

Veterans Date of Birth

Place of Birth

VA File Number

Entered Active Duty Header

Separated From Active Duty

Date	Place	Service No.	Date	Place	Type of Discharge	Branch of Service	Rank

If veteran served under another name other than listed above, give full name and service rendered under such.

Marital Status:     Single     Married     Divorced     Separated     Widowed

Name of Spouse (First - Middle - Last - Maiden)

Date and Place of Marriage

No. in Family

List each living child of the veteran who is:

- under 18 old and unmarried
- 18-23 if attending school
- 18 or older if totally disabled/handicapped

Name of Child	Date of Birth	Social Security number	In Custody of

How long have you lived in Medina County \_\_\_\_\_ Ohio? \_\_\_\_\_ New File Year \_\_\_\_\_

On what date did you last receive assistance and from whom? \_\_\_\_\_

Type of assistance requested today  Food  Rent  Mortgage  Utility  Other

If other is checked please list here \_\_\_\_\_

**EMPLOYMENT RECORD OF VETERAN (past two years)**

Name & Address of Employer	Date Started	Terminated	Reason for Leaving

**PAY RECORD**

Do You Have Any Pay or Pays Coming? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Expected _____	Amount Expected _____	Date Received Last Pay _____	Amount of Last Pay _____
Earnings Last 30 Days _____	If Unemployed, Are You Registered at the Employment Office for Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Receiving Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Filed _____				

If Unemployed, Name and City You Registered For Unemployment Compensation? _____	Date Promised Next Payment _____
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Is Your Spouse or Other Family member Employed? If Yes, By Whom? _____	Earnings Per Week _____
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**ASSETS**

Checking	Savings (type & bank)	Stocks or Bonds	Rental Property	401K - IRA

**HOME MORTGAGE or RENT**

if Real-Estate Owned - Unpaid Mortgage Balance _____	Who Has Mortgage _____	Amount Owed _____	Monthly Payment _____
If Renting - Amount Per Month _____	Name and Address, Phone # of Landlord _____		

**INSTALLMENT CONTRACTS**

Name & Address of Lender	Original Balance	Present Balance	Monthly Payment

**AUTOMOBILES OR LICENSED VEHICLES OR FARM EQUIPMENT**

If you or a family member own an automobile or truck, give year and make	Amount Owed	Monthly Payment

**TO BE COMPLETED BY CASE WORKER:** Check of all supporting documents you reviewed, minimum documents needed are a Ohio State Drivers License or Picture I.D. Card and DD -214 (number 4 copy, with character of discharge).

- DD-214       Birth Cert.       Marriage Lic.       Soc Sec.Cards       JFS Request       SS & SSI Pmt.       Bank Info.  
 Drivers Lic.       Ohio State I.D.       Divorce Cert.       Custody Doc.       Soc. Serv. Ref.       VA Rating       Dr. Statement  
 Other \_\_\_\_\_
- Check one that applies:**     Unemployed     Disabled/65+     Employed     Other \_\_\_\_\_

CURRENT MONTHLY EXPENSES				CURRENT MONTHLY INCOME			
Item	Family Estimate	Remarks		Source	Monthly Amount	Date Rec'd	Remarks
Food			<b>A</b>	Veterans Net Earnings (private or self)			
Rent/Mortgage			<b>B</b>	Spouses Net Earnings (private or self)			
Gas/Fuel Oil/Propane			<b>C</b>	Veteran Social Security/SSI			
Electric			<b>D</b>	Spouse Social Security/SSI			
Water			<b>D</b>	Childrens Social Security/SSI			
Medical/Doctors			<b>E</b>	VA Pension or Compensation ____%			
Medical/Prescriptions			<b>F</b>	Sick Benefits			
Medical/Insurance			<b>G</b>	Unemployment Compensation			
Insurance/Car			<b>H</b>	State Industrial Compensation			
Insurance/Home			<b>I</b>	Pensions (private or public)			
Insurance/Life			<b>J</b>	Child Support			
Taxes/Property			<b>K</b>	Rental Property			
Support Payments			<b>L</b>	Other Income _____			
Installment Contracts			<b>M</b>	SNAP Benefits			
Vehicle Loans			<b>N</b>	Net Income (add <b>A</b> thru <b>L</b> )			
Home/Cell Phone			<b>O</b>	(-) Medical - Emergency Offset			
Other _____			<b>P</b>	(130% Net) Max. Allowable Income			<input type="checkbox"/> 65 yrs old, 150% NET
Other _____			<b>Q</b>	(250% Net) Max. Allowed Benefit			
Other _____			<b>R</b>	Adjusted Income ( <b>N - O</b> )			
Totals			<b>S</b>	Available Benefit ( <b>Q - R</b> )			

**PROTECTION OF PRIVACY INFORMATION**

Public Law 93-579 entitled the Privacy Act of 1974 requires that all claimants be informed of the purposes and uses to be made of the information which is solicited. The following is furnished to explain the reason why the information is requested and the general uses to which that information may be put out.

**AUTHORITY:** The Medina County Veterans Service Office is empowered to solicit the information requested in this form under section 5901.02 thru 5901.15 of the Ohio Revised Code.

**PURPOSE:** The information requested by this form is considered relevant and necessary to determine maximum entitlement to the benefit for which you have applied.

**EFFECTS OF NONDISCLOSURE:** Disclosure of the requested information is voluntary. However, the decision as to the entitlement for the benefit you are claiming must then be made on the basis of the available evidence of record. This may result in a delay in the processing of the claim, payment of less than the maximum benefits, or complete disallowance of your claim.

I do hereby authorize any relative, physician, lawyer, banker, Veterans Administration Office, State Employment Service, County Veterans Service Office, Insurance Company, Loan Company, Credit Unions, Employers and any other persons or organization having information concerning my financial circumstances, to furnish such information to the Medina County Veterans Service Office/Commission, or to any accredited representative of the official of said Commission.. I further agree that I will keep the Medina County Veterans Service Office/Commission informed of any changes of address, any changes in my personal employment status, or any changes in my financial condition. I understand that if I make false statements or answers to any or all of the foregoing questions, and receive or renew relief as a result thereof, I am subject to a fine and imprisonment under the laws of the State of Ohio.

I certify that all the statements made on this application are true to the best of my knowledge and belief.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

Case Workers Initials \_\_\_\_\_

