

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

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 Wife (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 _____
---	-------------------------------------

Is Your Spouse or Other Family member Employed? If Yes, By Whom? _____	Earnings Per Week _____
---	----------------------------

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).

- | | | | | | |
|--|--|--|--|--|--------------------------------------|
| <input type="checkbox"/> DD-214 | <input type="checkbox"/> Marriage Lic. | <input type="checkbox"/> Soc Sec.Cards | <input type="checkbox"/> JFS Request | <input type="checkbox"/> SS & SSI Pmt. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drivers Lic. | <input type="checkbox"/> Divorce Cert. | <input type="checkbox"/> Custody Doc. | <input type="checkbox"/> Soc. Serv. Ref. | <input type="checkbox"/> VA Rating | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ohio State I.D. | <input type="checkbox"/> Birth Cert. | <input type="checkbox"/> Dr. Statement | <input type="checkbox"/> UC/OBES | <input type="checkbox"/> Bank Info. | <input type="checkbox"/> Other _____ |

CURRENT MONTHLY EXPENSES				CURRENT MONTHLY INCOME			
Item	Family Estimate	Remarks		Source	Monthly Amount	Date Rec'd	Remarks
Food			A	Veterans Net Earnings (private or self)			
Rent/Mortgage			B	Spouses Net Earnings (private or self)			
Gas/Fuel Oil/Propane			C	Veteran Social Security/SSI			
Electric			D	Spouse Social Security/SSI			
Water			D	Childrens Social Security/SSI			
Medical/Doctors			E	VA Pension or Compensation ____%			
Medical/Prescriptions			F	Sick Benefits			
Medical/Insurance			G	Unemployment Compensation			
Insurance/Car			H	State Industrial Compensation			
Insurance/Home			I	Pensions (private or public)			
Insurance/Life			J	Child Support			
Taxes/Property			K	Rental Property			
Support Payments			L	Other Income_____			
Installment Contracts			M	ADC- Food Stamps			
Vehicle Loans			N	Net Income (add A thru L)			
Home/Cell Phone			O	(-) Medical - Emergency Offset			
Other_____			P	(130% Net) Max. Allowable Income			
Other_____			Q	(165% Net) Max. Allowed Benefit			
Other_____			R	Adjusted Income (N - O)			
Totals			S	Available Benefit (Q - R)			

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 _____

