



Medina County Veterans Service Commission

210 Northland Drive – Medina, Ohio 44256

PHONE NUMBER: (330) 722-9368 – TOLL FREE NUMBER: (844) 722-3800 - FAX: (330) 722-9378

E-mail: veterans@medinacountyveterans.org – Website: <http://www.medinacountyveterans.org>

January 2019

The items listed below are sources of information required in order to process your application for financial assistance. All of the items may not apply to you; but you can use this checklist as a guide to ensure you have all the necessary documentation. When in doubt about information, bring it with you.

Each applicant for financial assistance must meet the definition of a veteran as defined by Title 5901.01 of the Ohio Revised Code or be an Active Duty member of the Armed Forces of the United States, the spouse or surviving spouse, a dependent parent, minor child, or ward of the veteran or the Active Duty member.

Applicants must be a bona fide resident of Medina County for a period of 3 months/90 days immediately preceding the date of application.

In most cases, the Veteran must be present to make the application.

- DD214 (Member 4 Copy) or Equivalent **Must show the character of discharge.*
- Active Duty ID and Driver's License
- Most recent Bank Statements for all savings accounts and checking accounts.
- Last four pay stubs from all working members of the household or statement of earnings from the employer; if pay stubs are not available.
- Current lease agreement and rent receipt or mortgage statement and tax receipts.
- Most recent unpaid utility bills. (i.e. Heat, Electric, and Water)
- Marriage Certificate
- Birth Certificates for dependent children.
- Custody agreement for dependent children.
- School enrollment verification for children, ages 18-23 years old.
- Social security award letter or statement from Social Security office.
- VA pensions or compensation award letter from the U.S. Department of Veterans Affairs.
- Statement of industrial compensation and/or sick benefits
- Unemployment Compensation book and/or determination form.
- Statement for receipt of income from ALL sources to include but not limited to: Alimony, child support, VA, spot labor, etc.
- Statement from person providing child care.
- Statement from doctor for any member of the household who is unable to be employed.
- Membership in a union that is on strike.
- Last year's IRS 1040.

This list is NOT all-inclusive and is simply a brief guideline provided for you.

Office Hours:

Monday, Wednesday, Thursday & Friday: 8:00AM - 4:00PM Tuesday: 10:00AM - 4:00PM Closed Everyday: NOON – 1:00PM for Lunch
Phone Number (Medina): (330)722-9368 – Toll Free Number: (844)722-3800 - Fax: (330)722-9378