



Muskingum County

Department of Veterans Services
225 Underwood St., Suite 500, Zanesville, OH 43701
Phone: 740.455.7149 Fax: 740.455.7106

Financial Assistance Process and checklist

Eligibility

Financial assistance applicants must meet one of the definitions of Veteran provided under the Ohio revised code 5901. **90 day minimum of Muskingum county residency is required.** As a need-based program, we will review your application to verify your situation.

Eligibility categories (including survivors & dependents)

- Active Duty discharged/released under honorable conditions
- Currently serving on active duty
- Have a recognized VA service-connected disability
- Reserve or Notational Guard called to active duty under Title 10

Required documentation- Failure to provide requested documentation will either delay or prevent us from processing your request.

- All DD214 Forms or letters of honorable service (First time applicants)
- Marriage/Divorce/Death Certificates. If separated, must furnish the Veterans address/ phone number for verification
- Income statements, Pay-Stub or statement from employer on the amount of income for most recent 30 days for all household members (Spouse, Disabled Adult Dependent, Government assistance for children, and/or significant other)
- Copy of lease/Intent to Rent (see attached) and or statement explaining any past due rent, Late fees, eviction amount owed.

Address and phone number of landlord/mortgage company must be provided.

- Copy of most recent utility bills showing name, account number, and balance.

Any Repairs/ Replacements

- At least one estimate (newer than 30 days)
- For any vehicle repairs a copy of driver's license and up to date registration and insurance.

Please read and fill out entire file, there have been some changes. If the section doesn't apply to your case please write a zero or make a line through the section. We also request a copy of all monthly bills Every Month.

Muskingum County



Department of Veterans Services

FINANCIAL AID APPLICATION

Financial assistance is a **TEMPORARY** program designed to assist veterans and their dependents in a time of hardship. Generally, this is meant as a period of readjustment when there are little or no monies available to the applicant while other sources of permanent income are being explored. **It is not a pension, wage, supplement or automatic entitlement.**

FALSIFICATION STATEMENT

The information which I have provided on this application is true and correct. I give my full consent to the Veterans Services office to use whatever sources they deem necessary to confirm this information and that any false statement on my part to gain financial assistance will result in no further assistance and may result in prosecution.

I am applying for (**CHECK ONLY ONE**):

monthly assistance food voucher emergency utility other

Note: A food voucher is given in cases of emergency need. The applicant is encouraged to take advantage of local food banks and food assistance agencies before applying.

Printed Name _____

Signed _____ Date _____

Mailing Address _____

City _____ Zip Code _____

DO NOT WRITE IN THIS BLOCK

For office use only

Approved _____	Amount _____
Denied _____	Reason _____

Muskingum County Veterans Services Financial Assistance Application

This application must be completed by providing the information required in ALL blocks.

(Note: Disclosure of Social security number is voluntary, but failure to provide this and other required information may affect your application for financial assistance.)

Veteran's Name: Last			First	Middle	Date:	SSN:
Date of Birth	Date of Death	Marital Status		Date of Marriage	Date of Divorce/ Separation	
Spouse (maiden name if applicable)			Spouse SSN:		Spouse Date of Birth	

Common Law Marrages Are Recognized in Ohio only if it was established Prior to October 10, 1991

Date established residency in this county (Proof of residency required) Lease/ House Payment Bill				Veterans Telephone: Area Code ()	
Veteran's address		City	State	Zip code	How long At Address:
Name of landlord/ Mortgage company					Telephone
Previous Address		City	State	Zip	How long at address

IF APPLICANT IS NOT THE VETERAN PLEASE COMPLETE THE FOLLOWING:					
Name		Relationship to Vet		SSN	Date of Birth
Address		City	State	Zip Code	Telephone

Military Service (Must Provide Copy Of Member 4 Of Latest Discharge)			
Date From	To	Type of discharge	Verified- Office only Yes No

Dependents: Proof Of Dependency Required (Birth Certificate)					
Names	How Related	SSN	Date Of Birth	In Custody of Whom If applies	Support Yes or No

Does any one else live in your household? Yes No Relationship:

Has anyone in your household applied for assistance from any other agency in the last 30 days? Yes No

Agency:	Assistance:
---------	-------------

Agency:	Assistance:
---------	-------------

Employment	Veteran		Spouse/ Co-habitant		Are you Registered with JFS: Yes No
Employer Name					
Employer Address					
Employment Dates	From:	To:	From:	To:	
Reason Terminated					
Rate Of Pay	\$		\$		
Are you seeking employment:	Yes	No	Where		

If Not Seeking Employment Why:

Current Assets Owned					
Type	\$ Value	Type	Description	\$ Value	Loan Owed
Checking		Home			
Savings		Other Property			
IRA/CD/Investments		Vehicle			
Other		Vehicle			

Income and Expenses within the past 30 days (Verification may be required)

Net Household Income within the past 30 days		Estimated Monthly Needs		Assistance requested (This section is for office use only)	
Veteran wages:	\$	Food (out of pocket):	\$		\$
Spouse Wages:	\$	Shelter:	\$		\$
(Co-Habitant)	\$	Water:	\$		\$
VA Pension/ Compensation:	\$	Electric:	\$		\$
Retirement:	\$	Heat:	\$		\$
Social Security- Veteran:	\$	Internet:	\$		\$
Social Security- Spouse:	\$	Child Support:	\$		\$
SSI:	\$	SUBTOTAL	\$		\$
Welfare:	\$	Car Insurance:	\$		\$
Child Support:	\$	Gas For Vehicle:	\$		\$
Unemployment Benefits:	\$	Telephone (\$100 Max)	\$		\$
Workmens Compensation:	\$	Toiletries:	\$		\$
Other (List)	\$	Medical:	\$		\$
Other (List)	\$	Other (List):	\$		\$
Total	\$	Total	\$	Total:	\$

Please explain why you need assistance at this time:

I have completed and/or reviewed all information pertaining to my application for financial assistance and I certify that it is correct to the best of my knowledge.

Applicant's Signature

Date Signed

The following questions need to be answered to assist the Muskingum County Veterans Service Commission in making a fair and informed decision concerning your application.

1. If your income is greater than your expenses, why do you need assistance?

2. If your income is less than your expenses, how long has it been this way?
_____ days/months? How do you make ends meet?

3. Please list all items that you need the Veteran Service Commission to help you pay. (MUST BE FILLED OUT)

ITEM	AMOUNT	ITEM	AMOUNT	ITEM	AMOUNT

4. How do you plan on improving your finances/situation?

SIGNATURE

Date