

Noble COUNTY VETERANS SERVICE COMMISSION FINANCIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET

This application must be completed by answering all questions.

(Note: Disclosure of Social Security account numbers is voluntary, but failure to provide such information may affect your application for financial assistance.)
Social Security numbers are used as secondary identifiers to determine an applicant's eligibility for assistance.

Veteran's Name: First	Middle	Last	Date:	SSN:
				Occupation:
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:

Note: Common law marriages are recognized in Ohio only if they were established prior to October 10, 1991.

Date Established Residency In This County: (Proof of Residency is Required)			Telephone: <small>Include Area Code ()</small>	
Veteran's Address:	City:	State:	Zip Code:	How Long At Address:
Name & Address of Landlord/Mortgage Company:				Telephone: <small>Include Area Code ()</small>
Previous Address:	City:	State:	Zip Code:	How Long At Address:

IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:

Name:	Relationship to Veteran	SSN:	Date of Birth:
			0-0-
Address:	City:	State:	Zip Code:
			Telephone: <small>Include Area Code ()</small>

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)

Date From:	To:	Type of Discharge:	Verified - (Office Use Only)
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date From:	To:	Type of Discharge:	Verified - (Office Use Only)
			<input type="checkbox"/> YES <input type="checkbox"/> NO

DEPENDENTS - PROOF OF DEPENDENCY REQUIRED

Names:	How Related:	SSN of Dependents:	Date of Birth:	In Custody of Who:	Support Yes-No

Does Anyone Else Live In Your Household? YES NO

Has Anyone In Your Household Applied For Assistance From Any Agency In The Last 30 Days? YES NO

Agency:	Type of Assistance:
Agency:	Type of Assistance:

EMPLOYMENT	APPLICANT		SPOUSE		OTHER
Employer Name:					
Employer Address:					
Employment Dates:	From: _____	To: _____	From: _____	To: _____	From: _____ To: _____
Reason Terminated:					
Rate of Pay:	\$ _____		\$ _____		\$ _____
Are You Seeking Employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Where: _____		Are You Registered With ODJFS: <input type="checkbox"/> Yes <input type="checkbox"/> No

If Not Seeking Employment, Explain Why: _____

ASSETS					
TYPE	\$ VALUE	TYPE	DESCRIPTION	\$ VALUE	LOAN OWED
Checking	\$ _____	Home		\$ _____	\$ _____
Savings or CD	\$ _____	Other Property		\$ _____	\$ _____
IRA/KEOGH accounts	\$ 0	Vehicle		\$ _____	\$ _____
Oil, gas or other rights	\$ _____	Vehicle		\$ _____	\$ _____
Other	\$ 0	Other		\$ _____	\$ _____

INCOME AND EXPENSES (VERIFICATION OF ALL INCOME AND EXPENSES REQUIRED)					
PRESENT MONTHLY NET INCOME (Last 30 Days)		ESTIMATED IMMEDIATE MONTHLY NEEDS		ASSISTANCE REQUESTED	
	\$		\$	AMOUNT	TYPE
Wages-Veteran	\$ _____	Food	\$ _____		
Wages-Spouse	\$ _____	Shelter	\$ _____		
Wages-Other	\$ _____	Water	\$ _____		
Pension or Compensation	\$ _____	Electric	\$ _____	\$ _____	
Retirement Benefits	\$ _____	Heat	\$ _____		
Social Security-Veteran	\$ _____	Child Support	\$ _____	\$ _____	
Social Security-Spouse	\$ _____	SUBTOTAL	\$ _____		
SSI	\$ _____	Car Payment	\$ _____	\$ _____	
Dept. of Human Services	\$ _____	Telephone	\$ _____		
Child Support	\$ _____	T.V. Cable	\$ _____	\$ _____	
Unemployment Benefits	\$ _____	Trash Pickup	\$ _____		
Workers Compensation	\$ _____	Gasoline/Oil	\$ _____	\$ _____	
	\$ _____	Insurances	\$ _____		
	\$ _____	Medical Expense	\$ _____	\$ _____	
	\$ _____	Bank Payment	\$ _____		
	\$ _____	Credit Cards	\$ _____	\$ _____	
	\$ _____	Judgments	\$ _____		
	\$ _____	Other	\$ _____	\$ _____	
TOTAL	\$ _____	TOTAL	\$ _____	TOTAL	\$ _____

Please explain why you need assistance at this time:

I, the undersigned, hereby authorize the Veterans Service Commission/Veterans Service Office to release and provide any information as requested from my records or files to other agencies, organizations or persons to establish my eligibility for benefits through that office or the Department of Veterans Affairs. I also authorize release of information from any agency, organization, company, financial institution or person to the Veterans Service Commission/Veterans Service Office as needed to establish my eligibility for benefits through that office or the Department of Veterans Affairs. I understand my application statement for assistance is not a matter of public record (ORC § 149.43). I certify that I am or have been a resident of this county for the required three months (ORC § 5901.08) prior to the execution of this application for Veterans Service Commission Financial Assistance.

Applicant's Signature _____ **Date Signed** _____

Approving CVSO's Name - Signature _____ **Date Signed** _____