

**PUTNAM COUNTY VETERANS SERVICE COMMISSION
FINANCIAL ASSISTANCE APPLICATION**

| | | | | | | | |
|---|--------------------------------------|----------------|-----------------|------------------|-----------------------------|------|--|
| 1 | Veteran's Name: | Last | First | Middle | Date: | SSN: | |
| 2 | Date of Birth: | Date of Death: | Marital Status: | Date of Marriage | Date of Divorce/Separation: | | |
| 3 | 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.

| | | | | | | | |
|---|---|--|------|-------|--------------|----------------------|--|
| 4 | Date Established Residency In This County: (Proof of Residency is Required) | | | | Telephone #: | | |
| 5 | Veteran's Address: | | City | State | Zip Code | How Long at address: | |
| 6 | Name & Address of Landlord/Mortgage Company | | | | Telephone: | | |
| 7 | Previous Address | | City | State | Zip Code | How Long at address: | |

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

| | | | | | | | |
|---|----------|------|-------|--------|----------------|------------|--|
| 8 | Name: | Last | First | Middle | Date of Birth: | SSN: | |
| 9 | Address: | | City | State | Zip Code | Telephone: | |

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)

| | | | | |
|----|------------|-----|--------------------|----------------------------|
| 10 | Date From: | To: | Type of Discharge: | Verified (Office Use Only) |
| 11 | Date From: | To: | Type of Discharge: | |

DEPENDENTS (PROOF OF DEPENDENCY REQUIRED)

| 12 | Name: | Relation to Applicant | SSN | Date of Birth | In Custody of Whom | Support? Yes/No |
|----|-------|-----------------------|-----|---------------|--------------------|-----------------|
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | | | | | |
| g | | | | | | |

| | | |
|----|--|--|
| 13 | Does Anyone Else Live In Your Household? | |
|----|--|--|

ASSISTANCE FROM OTHER AGENCY

| | | |
|----|--|-------------|
| 14 | Has Anyone In Your Household Applied For Assistance From Any Other Agency In The Last 30 Days? | |
| 15 | Agency: | Assistance: |
| | | |
| | | |
| | | |
| | | |

| | | | | | | | |
|----|---|-------|-----|-------|-----|------------------------------|-----|
| 16 | Employer Name: | | | | | | |
| 17 | Employer Address: | | | | | | |
| 18 | Employment Dates: | From: | To: | From: | To: | From: | To: |
| | | | | | | | |
| 19 | Reason Terminated: | | | | | | |
| 20 | Rate of Pay: | | | | | | |
| 21 | Are You Seeking Employment: | | | | | Are you registered with JFS: | |
| | If YES, where? | | | | | | |
| 22 | If Not Seeking Employment, Explain Why: | | | | | | |
| | | | | | | | |

| ASSETS | |
|--------|--|
|--------|--|

| | | | | | | |
|----|---------------|----------|-------------|-------------|----------|-----|
| 23 | TYPE | \$ VALUE | TYPE | DESCRIPTION | \$ VALUE | OWE |
| | Checking | | Home | | | |
| | Savings or CD | | Other Prop. | | | |
| | | | Vehicle | | | |
| | | | Vehicle | | | |
| | | | Other | | | |

INCOME AND EXPENSES (Verification of all income and expenses required)

| | | | | | | | | |
|----|---|--|----------------------|-------|------|-------------------------|--------|--|
| 24 | PRESENT MONTHLY NET INCOME (Last 30 days, LIST ALL INCOME) | | ALL MONTHLY EXPENCES | | | ASSISTANCE REQUESTED | | |
| | Veteran Income | | Food | | Note | Type | Amount | |
| | S/C | | Mortgage/Rent | | | | | |
| | Spouse Income | | Electric | | | | | |
| | | | Fuel | | | | | |
| | | | Wat/Sew | | | | | |
| | | | Refuse | | | | | |
| | | | Cable/Internet | | | | | |
| | | | Phone | | | | | |
| | | | Insurance | | | | | |
| | | | Car Payment | | | | | |
| | | | Auto Gas | | | | | |
| | | | RX/Medical | | | | | |
| | | | Credit Card | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | TOTAL | | | TOTAL | | | TOTAL | |

| | |
|----|--|
| 25 | Please explain why you need assistance at this time: _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |

I understand that false statements made on this application may lead to prosecution.
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.

[WORKING COPY ONLY DO NOT SIGN UNTIL INSTRUCTED BY OFFICE STAFF]

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Applicant's Signature