



76 South Riverside Drive  
Batavia, OH 45103  
Phone: 513-732-7363

[www.clermontcountyveterans.com](http://www.clermontcountyveterans.com)

Hours of operation are Monday-Friday 7:30 am to 4:30 PM

VSO \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

**The determining factors to qualify for Emergency Financial Assistance are:**

1. **IT AROSE UNEXPECTEDLY**
2. **Created an immediate need for financial assistance**
3. **The situation at hand or in question was not a result of the applicants own misconduct**

**Standard Information for ALL Emergency Financial Claims**

- DD-214 (all if more than one)
- State ID or Driver's License
- Proof of 90 Day residence in Clermont County
- Current Lease or Mortgage Statement
- Current utilities bills
- Medical, dental and vision bills
- Verification of all other expenses (auto payment, credit card statement, home repair, etc.)

**Income and Expense Documents for last 60 Days**

- Payroll Check Stubs or Wage Reports
- Unemployment compensation documentation
- VA pension or compensation documentation
- Social Security Income/Disability documentation
- Retirement payments (PERS/FERS, union, etc.)
- Verification of all other income (rental properties, child support, worker's comp., etc.)
- If self-employed, monthly profit/loss or quarterly tax statements
- Checking, savings, credit union or direct pay debit activity

**Dependent Verification**

- Birth and death certificate (if applicable)
- Marriage certificate/divorce decrees/legal separation documentation
- Custody/adoption documentation

**Other pertinent documentation**

- If unable to work, current letter from a medical physician
- Police and fire reports(if applicable)
- All estimates or receipts for unexpected expenses
- If requesting auto repairs proof of current insurance

**A Note on Fraud:** Submission of any false information during the application process may lead to criminal prosecution, as well as rejection of the application for aid. Every applicant seeking financial assistance from the Veterans Service Commission will be required to sign a statement indicating that all information submitted on the application is truthful and accurate. Clients who submit fraudulent case information may be prohibited for all future Veterans Service Commission assistance.

ALL APPLICABLE DOCUMENTATION MUST BE COMPLETE TO RECEIVE FINANCIAL ASSISTANCE

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Clermont County Veterans' Service Commission  
Emergency Financial Assistance

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Status:  Veteran  Spouse  Widow  Dependent

**Have you received assistance in this office previously?**  Yes  No

The purpose of our financial assistance program is to provide emergency financial assistance to veterans in need. It is the responsibility of the veteran/applicant to show proof that their current financial situation is an **EMERGENCY** and relief is justified. We consider all household income, living expenses, available assets, medical expenses and the special needs of each veteran/applicant when determining eligibility.

The veteran upon whose service the application for financial assistance is made must have been discharged "Under Honorable Conditions" and must have served at least 90 days active duty for purposes other than training (DD-214 required). The veteran/applicant must be a resident of Clermont County for 90 days and submit proof of that residency – (i.e. utility bill, lease, mortgage statement, etc.).

We may provide assistance for the following; Rent/Mortgage, Utilities (excluding Cable), Food, Medical (limited).

Please complete the attached questionnaire and application for financial assistance and provide the following documentation:

Copy of your /veteran's DD Form 214, copy of valid Ohio Driver's License or State ID. We will also need copies of your utility bills, mortgage statement, and lease for proof of residency.

(We will not provide financial assistance to any veteran/ applicant without a copy of the DD Form 214 or equivalent.)

**1. Please explain why you are in need of financial assistance in space provided below:**

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**2. How did you hear about us:**  Billboards  TV  Radio  Family  Friend  VA Hospital/Clinic  
 Other \_\_\_\_\_

## 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.

**\*\*\* PLEASE FILL OUT ENTIRE FORM \*\*\***

1	<b>Veteran's Name: Last</b>				<b>First</b>		<b>M.I.</b>		SSN Last Four ONLY XXX-XX-____	
	Occupation:									
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:			
<b>IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:</b>										
4	<b>VETERANS ADDRESS (REQUIRED)</b>			<b>CITY (REQUIRED)</b>		<b>STATE (REQUIRED)</b>		<b>ZIP (REQUIRED)</b>		HOW LONG?
5	DATE ESTABLISHED RESIDENCY IN THIS COUNTY: (PROOF REQUIRED)					<b>TELEPHONE NUMBER (REQUIRED)</b>				
6	PREVIOUS ADDRESS:			CITY:		STATE:		ZIP:		HOW LONG?
7	NAME OF CURRENT LANDLORD/MORTGAGE CO.				TELEPHONE			FAX		
<b>IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:</b>										
8	NAME:		RELATION TO VETERAN:			DATE OF BIRTH:		SSN Last Four ONLY XXX-XX-____		
9	ADDRESS:			CITY:		STATE:		ZIP:		TELEPHONE (AREA CODE)
<b>MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)</b>										
10	DATE FROM:	TO:	TYPE OF DISCHARGE:	BRANCH OF SERVICE:		VERIFIED (OFFICE USE ONLY) YES - NO - DD214 - VA				
11	DATE FROM:	TO:	TYPE OF DISCHARGE:	BRANCH OF SERVICE:		VERIFIED (OFFICE USE ONLY) YES - NO - DD214 - VA				
<b>LIST ALL RESIDENTS OF HOUSEHOLD</b>										
12	NAMES:	HOW RELATED:	SSN'S:	DATE OF BIRTHS:	IN CUSTODY OF WHO:		PROVIDE SUPPORT? YES - NO			
13										
14										
15										
16										
17										
18	<b>DOES ANYONE ELSE LIVE IN YOUR HOUSEHOLD AND ARE THEY VETERANS? (IF YES, PLEASE EXPLAIN)</b>									
19	<b>HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER APPLIED FOR ASSISTANCE FROM ANY OTHER AGENCY IN THE LAST 30 DAYS? (IF YES, PLEASE EXPLAIN)</b>									
20	AGENCY:			ASSISTANCE						
21	AGENCY:			ASSISTANCE:						

EMPLOYMENT	VETERAN	SPOUSE	OTHER
Employer Name:			
Employer Address:			
Employer Phone:			
Dates of Employment:			
Rate of Pay:	\$	\$	\$
ARE YOU SEEKING EMPLOYMENT?		WHERE:	ARE YOU REGISTERED WITH JOB AND FAMILY SERVICES?
IF NOT SEEKING EMPLOYMENT, EXPLAIN WHY:			

ASSETS					
TYPE	\$VALUE	TYPE	DESCRIPTION	\$VALUE	LOAN OWED
CHECKING		HOME			
SAVINGS		OTHER PROPERTY			
CD		VEHICLE			
OTHER		VEHICLE			
OTHER		OTHER			

INCOME AND EXPENSES					
<b>PRESENT MONTHLY NET INCOME</b> <b>(Last 30 Days) (REQUIRED)</b>		<b>MONTHLY BILLS PAID</b> <b>(Last 30 Days) (REQUIRED)</b>		<b>ASSISTANCE REQUESTED</b> <b>(REQUIRED)</b>	
	\$		\$	TYPE	AMOUNT
Wages – Veteran	\$	Food	\$		
Wages – Spouse	\$	Shelter	\$		
Wages – Children	\$	Water	\$		
Pension or Compensation	\$	Electric	\$		
Retirement Benefits	\$	Propane/Oil	\$		
Social Security – Veteran	\$	Telephone	\$		
Social Security – Spouse	\$	Cable	\$		
SSI	\$	Auto Payments	\$		
Welfare	\$	Insurances	\$		
Food Stamps	\$	Credit Accounts	\$		
Child Support	\$	Recurring RX/Medical	\$		
Unemployment Benefits	\$	Transportation	\$		
Workers Comp	\$	Day Care	\$		
All other income	\$	Child Support	\$		
	\$	Payday Loans	\$		
	\$	Rent to Own	\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
Total	\$	Total	\$	Total	\$

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. UNDERSTAND THAT BY SIGNING THIS APPLICATION I GIVE PERMISSION TO ANY GOVERNMENT ORGANIZATION TO REVIEW THE COMPLETE FINANCIAL FILE AND GIVES CCVSC PERMISSION TO OBTAIN INCOME AND EMPLOYMENT DATA FROM OTHER GOVERNMENT AGENCIES.

Date Signed _____	Applicant's Signature _____
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