

# Portage County Veterans Relief Fund

## APPLICATION FOR ASSISTANCE

### Section 1 RESIDENCY

Applicants must submit a copy of a valid Driver's License, Identification Card or some other proof of Portage County, Wisconsin residency. <i>Applicants must be a Portage County resident for at least five (5) months prior to application</i>		
Street Address		Apt. #
City	State	Zip Code
Telephone Number		

### Section 2 VETERAN'S INFORMATION

SSN	Last Name	First Name	MI
-----	-----------	------------	----

### Section 3 VETERAN/APPLICANT MARITAL STATUS

Married	Divorced	Widow/Widower	Separated	Never Married
---------	----------	---------------	-----------	---------------

### Section 4 SPOUSE INFORMATION

SSN	Last Name	First Name	MI
-----	-----------	------------	----

### Section 5 OTHER HOUSEHOLD MEMBER INFORMATION

List all other people living in the home even if you are not applying for benefits for them. Attach a separate sheet if necessary. A birth certificate or other evidence for family members is required for anyone applying for assistance			
NAME (Last, First, MI)	Date of Birth	Gender	Relationship to you

Section 6

MONTHLY HOUSEHOLD INCOME RECEIVED FOR EXPECTED

Note: You must list <b>ALL</b> money from <b>ANY</b> source. List the <b>GROSS</b> amount		
Source of Income <b>PER MONTH</b>	Veteran	Spouse
Social Security, any type		
SS received on behalf of dependents		
VA Compensation		
VA Pension		
Military Retirement		
Public Assistance		
Private Pension/Other Retirement		
Child Support Received		
Spousal Support Received		
Worker's Compensation		
Unemployment Insurance		
Earned Wages/Employment Income		
Self-Employment Income		
Rental Income		
Short Term and/or Long Term Disability		
IWT and/or CWT from VA Medical Center		
ANY other Money from ANY Source (Explain in VSO Remarks)		
TOTAL Monthly Household Income		

Section 7

HOUSEHOLD FINANCIAL RESOURCES AND ACCOUNTS

List any checking or savings accounts, CDs, IRAs, 401Ks and similar resources if any. You must include an business or self-employment accounts.	
Type of Account	Bank

## Section 8

## VETERAN EMPLOYMENT INFORMATION

You must provide the following requested information and list your monthly wages in Section 6 "Earned Wages/Employment Income." If employed, you must submit copies of your last 3 month's pay checks or stubs or advisories. If you are not currently employed, you must provide this information from your most recent employer.	
Are you currently employed? YES                      NO	What is your occupation
What is the date you last worked?	How often are you paid?
Name of Employer	Telephone Number
Address of Employer	City & State Zip Code
Are you self-employed? YES                      NO	What is your business
Do you receive any continuing income from the business YES                      NO	If yes, what amount?
If you are self-employed, you must list income from all sources under "Self-Employment Income" in Section 6 above. You must furnish a copy of your most recent form 1040 with the appropriate schedules for the business and provide the business account information in Section 6 above.	

## Section 9

## SPOUSE EMPLOYMENT INFORMATION

You must provide the following requested information and list your monthly wages in Section 6 "Earned Wages/Employment Income." If employed, you must submit copies of your last 3 month's pay checks or stubs or advisories. If you are not currently employed, you must provide this information from your most recent employer.	
Are you currently employed? YES                      NO	What is your occupation
What is the date you last worked?	How often are you paid?
Name of Employer	Telephone Number
Address of Employer	City & State Zip Code
Are you self-employed? YES                      NO	What is your business
Do you receive any continuing income from the business YES                      NO	If yes, what amount?
If you are self-employed, you must list income from all sources under "Self-Employment Income" in Section 6. You must furnish a copy of your most recent form 1040 with the appropriate schedules for the business and provide the business account information in Section 6.	

SECTION 10 EXPLANATION OF EMERGENCY

Please explain what your unforeseen emergency is; what caused it? Why do you need assistance from the Veterans Relief Fund?

Section 11 EXPLANATION OF RELIEF ALREADY APPLIED FOR

Explain what you have done to see relief from other agencies before requesting assistance from the VRF i.e. Payment plan, Portage County HHS(Medicaid, Food Share, Bader Care), VA HUD-VASH program (housing assistance from the federal VA), Operation Bootstrap, Wisconsin Energy Assistance Program, Heat for Hero's, Supportive Services for Veteran Families. WDVA Veterans Outreach and Recovery Program (VORP) etc. Please provide documented proof that you have made an effort to meet your obligation.

SECTION 12 TESTAMENT OF HONESTY

1. I have no assets or other resources to meet the needs identified above
2. I have been a resident of Portage County, Wisconsin for at least five (5) months.
3. I certify that the information I have provided is complete and accurate.
4. I understand that I may be subject to criminal prosecution if I have knowingly provided false information
5. I give my permission for this agency to request/release any personal identifiable information (PII) necessary to receive benefits from this request.
6. I further give my utility vendor and/or landlord permission to release my account information to the Portage County Veterans Service Director or designee.
7. I understand assistance will occur in the form a vouchers or direct payment to vendors
8. I understand that the responses I submit are considered confidential (38 USC 5701). The information requested on all Portage County Veterans Service Commission/Veterans Relief Fund forms is considered relevant and necessary to determine maximum benefits provided under law and will only be used in order to process my application for emergency financial assistance.
9. I hereby agree that upon my signature to this application no penalty will be assessed of you, Portage County, or the Portage County Veterans Service Commission for providing this information.
10. I understand that my personal data will be entered in a propriety Veterans data management software known as VetraSpec (you may opt-out of this if you wish to).

\_\_\_\_\_  
Veterans Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date