

Name: _____

Address: _____

Phone #: _____ Date: _____

UNION COUNTY FINANCIAL ASSISTANCE CHECKLIST

Please bring all the following marked documents and information with you to the review.

Need	N/A	Date Rcvd	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Military Separation (DD214 or equivalent). IF NOT AVAILABLE, WE CAN HELP YOU OBTAIN ONE!
<input type="checkbox"/>	<input type="checkbox"/>	_____	Have you been a Union County resident for the last 3 continuous months?
<input type="checkbox"/>	<input type="checkbox"/>	_____	Photo identification of Veteran, spouse or divorced spouse with children.
<input type="checkbox"/>	<input type="checkbox"/>	_____	Power of Attorney Decree (if you have one) with photo identification.
<input type="checkbox"/>	<input type="checkbox"/>	_____	Marriage certificate or license.
<input type="checkbox"/>	<input type="checkbox"/>	_____	Birth Certificates for all <u>legally dependent</u> children 18 and under.
<input type="checkbox"/>	<input type="checkbox"/>	_____	Divorce or Dissolution Decrees (If alimony is paid out or received).
<input type="checkbox"/>	<input type="checkbox"/>	_____	Decrees showing child support paid out or received, and/or child custody/guardianship.
<input type="checkbox"/>	<input type="checkbox"/>	_____	Any documents pertaining to a VA claim and the claim number.
<input type="checkbox"/>		_____	** INCOME: Proof of ALL household income sources for the past 30 days (pay stubs, Social Security letters, VA pension and/or compensation amounts, other pension/retirement incomes, receipt of workers compensation, unemployment benefits, insurances, AFLAC amounts, etc).
<input type="checkbox"/>	<input type="checkbox"/>	_____	Copies of your last checking and savings account statements.
<input type="checkbox"/>	<input type="checkbox"/>	_____	Bankruptcy paper (Only if current and NOT discharged).
<input type="checkbox"/>	<input type="checkbox"/>	_____	Rent lease or letter from landlord confirming rent amount and other rental charges or Mortgage information to include company information and all mortgage charges.
<input type="checkbox"/>		_____	** EXPENSES: Full utility bills (original and not just the payment coupon) AND Complete bills for all other expenses claimed on the back of the FINANCIAL ASSISTANCE FORM . Only exceptions to this: For Food and transportation gas amounts, provide a reasonable monthly estimate for these two items.
<input type="checkbox"/>		_____	** Fully completed and signed Veterans Service Financial Assistance Form (UCVSO Form 2). (Please pick up one PRIOR to your scheduled review.)

**** Critical Notice**:** Income and expense information **MUST** be substantiated (other than the two above exceptions). The lack of this information may delay financial assistance from this office.

☐ Other Documents as Required or Requested: _____