

UNION COUNTY VETERANS SERVICE COMMISSION

FINANCIAL ASSISTANCE APPLICATION

This application must be completed by answering all questions. Complete this page PRIOR to your appointment.

(Note: Disclosure of Social Security Numbers is voluntary, but failure to provide such information may delay your application for financial assistance.)

Veterans Name: Last First Middle				SSN:	
				Occupation Vet:	
Date of Birth	Marital Status	Date of Marriage	Date of Divorce/Separation		If Deceased, date of death
Spouse Name (First name and maiden name)			Spouse SSN		Spouse Date of Birth

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

Veterans Address: Street City State Zip				Applicant Phone #1	
Name of current Mortgage Company or Landlord				Applicant Phone #2	
Previous Address if at current address less than 90 days				Landlords Phone Number	

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

Name		Relation to Veteran		Date of Birth	SSN:	Occupation:
Address	City	State	Zip	Telephone Number with area code		

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE) VERIFIED BY REVIEWER

Date From	Date To	Branch of Service	Type of Discharge	Verified by VSO
Date From	Date To	Branch of Service	Type of Discharge	Verified by VSO

OTHER DEPENDENTS IN THE HOUSEHOLD (DO NOT INCLUDE YOURSELF OR YOUR SPOUSE)

Names	Relationship	Date of Birth	SSN of Dependents	Live with/Supported by Applicant	
				Yes	No
				Yes	No
				Yes	No

Does anyone else live in your household (other than a spouse and dependents)? (If Yes, please explain)

Has anyone in your household ever applied for assistance from any other county agency in the last thirty days? (If Yes, please explain)

Agency	Type Assistance
Agency	Type Assistance

I understand if I make false statements to Union County Veterans Service, or give false information on this application, or provide false income or expense information, I could be prosecuted or denied all future Union County Veteran Service Commission financial assistance. I have completed all the information pertaining to my application and I certify it is correct to the best of my knowledge.

Applicant's Signature _____ Date _____ Reviewed by _____
VSO Representative