

UNION COUNTY VETERANS SERVICE COMMISSION

Transportation 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.)

Veterans Name: Last First Middle				SSN:	
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

Veterans Address: Street City State Zip				Applicant Phone #1
Name of Emergency Contact Person(s)				Applicant Phone #2
Previous Address if at current address less than 90 days				Emergency Contact Phone Number

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

Name (Spouse or Caregiver)		Relation to Veteran		Date of Birth	SSN
Address	City	State	Zip	Telephone Number with area code	

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE) VERIFIED BY REVIEWER (Please provide copy of discharge)

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

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