

REQUEST FOR ASSISTANCE
FROM THE JEFFERSON COUNTY VETERANS SERVICE COMMISSION
*** P L E A S E P R I N T C L E A R L Y ***

Proof of Jefferson County residency must accompany this application i.e., telephone bill, tax statement, etc.

Veteran's name _____ SSN _____

Date of Birth _____ Phone # _____

Applicant's Name (if not veteran; relationship to veteran) _____

Home Address: _____

Branch of Military Service and service dates _____

Character of discharge (Include copy of DD214) _____

(Honorable discharge is required for assistance)

Present Employer & address _____

Wages _____ How often paid? Weekly____ Biweekly____ Monthly____

Date of last check _____ Amount _____

If unemployed, reason & how long _____

Are you eligible for any of the following **(circle yes or no)**

Unemployment compensation Yes No Amount _____

Sick benefits Yes No Amount _____

Workmen's compensation Yes No Amount _____

Food Share Yes No Amount _____

Do you receive any of the following income **(circle yes or no)**

Monetary Benefits from VA Yes No Amount _____

Social Security Yes No Amount _____

Any type of Pension Yes No Amount _____

Any other type of income Yes No Amount _____

Do you have any of the following assets **(circle yes or no)**

Cash savings Yes No Amount _____

Checking account Yes No Amount _____

Stocks/bonds/mutual funds Yes No Total Amount _____

IRA/401K/Retirement Yes No Total Amount _____

Other cash type assets Yes No Source _____ Amount _____

Name, address and telephone number of mortgage holder or landlord.

Do you own any real estate other than your primary residence? Yes No

If yes location and value _____

Do you own any vehicles? Yes No

Make and year _____ Amount owed _____ Value _____

Make and year _____ Amount owed _____ Value _____

Do you own any? boats motorcycles snowmobiles ATV

Amount owed _____ Total value _____

List all persons, other than yourself, living in your household:

Name & Age	SSN	Relation	Monthly Income

What immediate assistance (including dollar amounts) is requested?

List in order of your priority (Copy of Bills Required)

Please explain why you are in need of the assistance for which you are requesting. Be specific. _____

What have you done to help yourself? _____

Have you received assistance from any Veterans Service Commission or any other agency within the past 12 months? Yes No If yes, please list type of assistance, date received and name of agency.

Are you or your spouse in arrears for any child support? Yes No

Enter a Number or Zero for Monthly Expenses below: (Do Not Leave Any Blank)

Food \$ _____ Alcohol \$ _____

Utilities \$ _____ Tobacco \$ _____

Internet \$ _____ Telephone \$ _____

Water \$ _____ Cell Phone \$ _____

Cable TV/Satellite \$ _____ Credit cards \$ _____

Child Support \$ _____ Insurance \$ _____

Vehicles \$ _____

Other \$ _____

____Rent ____Own House/Apt/Condo Monthly mortgage/rent_____

I certify that the above information is true and correct to the best of my knowledge and my application for assistance is because of a need for help at this time. I understand any misrepresentation or falsification of any information will make me ineligible for assistance. By signing this form I am giving my permission for the County Veteran Service Officer to obtain personal information from other agencies.

IF APPROVED YOU WILL RECEIVE A GRANT, HOWEVER THAT DOES NOT PROHIBIT YOU FROM REPAYING THAT GRANT WHICH WOULD BE USED TO HELP OTHER JEFFERSON COUNTY VETERANS IN NEED IN THE FUTURE.

Signed by veteran or applicant _____

Date signed _____

For Office Use Only

WI Circuit Court search _____

VSC action _____

