



# Request for Financial Assistance

## Service Information

Branch \_\_\_\_\_ Character of Discharge \_\_\_\_\_

## Applicant Information

Are you the Veteran? YES NO

Today's Date \_\_\_\_\_ Your Name (First-Last) \_\_\_\_\_

Relationship to Veteran \_\_\_\_\_ Name of Veteran (unless listed above) \_\_\_\_\_

Veteran Date of Birth (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Best contact number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- Are you currently Homeless? YES NO If yes Where are you staying? \_\_\_\_\_  
Have you contacted coordinated entry? YES NO Name of case worker \_\_\_\_\_
- Is this your first request for Emergency Financial Assistance, from the Trumbull County Veterans Service Commission?.....YES NO If NO- Date last applied \_\_\_\_\_
- Are you facing eviction?.....YES NO If YES- when \_\_\_\_\_
- Are you unemployed? .....YES NO If YES-since when \_\_\_\_\_
- Are you a resident of Trumbull County?.....YES NO
- Do you receive a monthly check from the VA?....YES NO If yes- amount monthly \$ \_\_\_\_\_  
Is this (circle one): COMP or PENSION

## Veteran and Household Employment History

Provide the Number of Dependents (Spouse, Children) in the Household: \_\_\_\_\_

| Family Member | Company Name/Position | Start Date | End Date | Pay Rate | Hours Per Week |
|---------------|-----------------------|------------|----------|----------|----------------|
| _____         | _____                 | _____      | _____    | _____    | _____          |
| _____         | _____                 | _____      | _____    | _____    | _____          |
| _____         | _____                 | _____      | _____    | _____    | _____          |
| _____         | _____                 | _____      | _____    | _____    | _____          |

Failure to provide the required documentation will result in an incomplete application and not subject for approval.



# Request for Financial Assistance

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## Please Check Area where you Need Assistance

- Rent.....Are you behind? YES NO Is there an eviction notice? YES NO Date \_\_\_\_\_  
If yes- Total due monthly \$ \_\_\_\_\_ Late Fee \$ \_\_\_\_\_ TOTAL Due \$ \_\_\_\_\_
- Mortgage.....Are you behind? YES NO Is home in foreclosure? YES NO Date \_\_\_\_\_  
If yes- Total due monthly \$ \_\_\_\_\_ Late Fee \$ \_\_\_\_\_ TOTAL Due \$ \_\_\_\_\_
- Electric-utility....Do you have a shut off notice? YES NO If yes- Date of disconnection \_\_\_\_\_  
If yes- Late fees \$ \_\_\_\_\_ TOTAL DUE\$ \_\_\_\_\_
- Gas- utility.....Do you have a shut off notice? YES NO  
If yes-Date of disconnection \_\_\_\_\_ Late fees \$ \_\_\_\_\_ TOTAL DUE \$ \_\_\_\_\_
- Water-utility.... Do you have a shut off notice? YES NO  
If yes- Date of disconnection \_\_\_\_\_ Late fees \$ \_\_\_\_\_ TOTAL DUE\$ \_\_\_\_\_
- Food
- Other \_\_\_\_\_

**\*\*Shut off notices and past due amounts on utilities will be considered on a case by case basis\*\***  
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## Emergency/Hardship Statement for Trumbull County Veteran's Service Commissioners

State your Emergency/Hardship (Required) \_\_\_\_\_

Please Explain Hardship (Required) \_\_\_\_\_

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## Income Statement

You must provide documentation of ALL sources of income received for your household for the last 30 days.

Income includes both earned income such as earnings from employment AND unearned income such as child support, other income not from employment such as retirement, or any of the following benefits: OWF, SSI Social Security Survivors or disability, VA, unemployment, workers comp. etc.

**Select ONLY - A or B below and provide the information that reflects your situation:**

- **A- Household income:** List all sources of income, for all household members for the LAST 30 DAYS:

| Name | Relationship to applicant | Source of income | Monthly GROSS amount |
|------|---------------------------|------------------|----------------------|
|      | Self/Applicant            |                  | \$                   |
|      |                           |                  | \$                   |
|      |                           |                  | \$                   |
|      |                           |                  | \$                   |
|      |                           |                  | \$                   |
|      |                           |                  | \$                   |
|      |                           |                  | \$                   |

- Income statements, paystubs or statement from employer on the amount of income for most recent 30 days for ALL household members (Spouse, Disabled Adult Dependent, Government assistance for Child, Significant other.)
- Last 30 Days of Bank/Pay card transaction history from ALL accounts (Checking, savings, and pay cards) ALL household members. (Spouse, Disabled Adult Dependent, Government assistance for Child, Significant other.)

- **B- Household Zero income:** List all sources for payment for the LAST 30 DAYS

| Monthly Expense   | Monthly Amount | How does it get Paid? (gift, loan or other) | Who pays it | Contact Name and Phone # or email |
|-------------------|----------------|---|-------------|-----------------------------------|
| Housing           |                |   |             |                                   |
| Utilities         |                |   |             |                                   |
| Food              |                |   |             |                                   |
| Transportation    |                |   |             |                                   |
| Cell Phone        |                |   |             |                                   |
| Personal Expenses |                |   |             |                                   |
| Other Expenses    |                |   |             |                                   |

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I certify that all the information contained in this application is true, accurate, and I am aware that the veterans Service commission is relying upon this information in determining my eligibility for benefits and that providing false information will subject me to criminal penalties or administrative sanctions.

I understand that false statements made on this application may lead to prosecution. I have completed and/or reviewed all information pertaining to my application for financial assistance and I certify that it is correct to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Next steps

Step 1- Fill out the form with the requested information, sign and date the request

Step 2- Submit the completed package WITH required forms.

This can be done using E-mail, or drop off to our office.

Step 3- Wait for our phone call to review your request.

**\*\*REMEMBER to include documentation showing proof of all income and expense\*\***

(List of required documentation is on the first page listed as "Documents needed for Emergency Financial Assistance")

Failure to provide the required documentation will result in an incomplete application and not subject for approval.

**\*\*All required receipts/proof of payment MUST be returned to the office no later than forty-five (45) days from the date of the check.** The receipts or proof of payment MUST show the bills were paid within 30 days from the date of the check and show the amount paid. Failure to provide receipts/proof of payment within the 45-day period of receiving financial assistance may result in denial of assistance and/or prosecution.

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