

VETERANS ASSISTANCE PROGRAM ELIGIBILITY CERTIFICATION

Assistance requested:

- Rent:** Veteran must have rental agreement and/or eviction notice. Number of bedrooms _____
- Utilities:** Veteran must have a disconnect/final notice in the veteran's name.
- Food Voucher:** Not to be used for alcohol, tobacco or lottery products.
- Transportation:** C-Tran bus pass or gasoline for employment or medical appointments. For gasoline assistance, must have valid operator's license, registration and proof of insurance.
- Prescription:** Must be doctor-ordered medication in veteran's name.
- Burial or Cremation:** Copy of death certificate and quote from funeral home.
- Clothing/Tools/Licensing:** Assistance necessary to become or remain employed.
- Auto Repair:** Car repair or parts necessary for employment or medical appointments. Must have valid operator's license, registration and proof of insurance.
- Eye Care:** Exam, treatment, eyeglasses. No sunglasses or contacts.
- Dental Care:** Emergency dental treatment as recommended by the Free Clinic of SW Washington.

***PLEASE SEE POLICIES AND PROCEDURES FOR ALL REQUIRED ELIGIBILITY DOCUMENTATION.**

Veteran's Certification

I have no assets or other resources to meet the needs identified above. I have been a resident of Washington State for at least one year and live in Clark County. I certify that the information I have provided is complete and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information.

I give my permission for this agency to request/release information necessary to receive benefits from this request. I further give my utility vendor and landlord permission to release my account information to the agency. I understand assistance is in the form of vouchers or direct payments to vendors.

Veteran's Signature

Date

- Honorable Discharge** **Under 150% of Poverty** **Clark County/WA Resident**

Veterans Assistance Officer Certification

I do hereby certify that _____, SS # _____ - _____ - _____
is eligible for assistance. Documentation of eligibility will be kept on file for five (5) years.

Service Officer's Signature

Date

**Clark County Veterans Assistance Program
1601 E Fourth Plain Boulevard
Building 17, Room A141
Vancouver, WA 98661
(360) 397-8478**

APPLICATION FOR FINANCIAL ASSISTANCE

Section 1 RESIDENCY

Applicants must submit a copy of a valid WA Driver's License or Identification Card or some other proof of Washington Residency. Applicants must be a WA resident for at least one year prior to application.		
Street Address		Apt. #
City	State	Zip Code
Telephone Number		

Section 2 VETERAN INFORMATION

SSN		
Last Name	First Name	MI
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated, living apart <input type="checkbox"/> Never married		

Section 3 SPOUSE INFORMATION

SSN		
Last Name	First Name	MI

Section 4 OTHER HOUSEHOLD MEMBER INFORMATION

List all other people living in the home even if you are not applying for benefits for them. Attach a separate sheet if necessary. A birth certificate or other evidence for family members is required for anyone applying for assistance.			
Name (Last, First, MI)	Date of Birth	Sex	Relationship to you

Section 5 MONTHLY HOUSEHOLD INCOME RECEIVED OR EXPECTED

Note: You must list ALL money from ANY source. List the GROSS amount.		
	Veteran	Spouse
Source of Income PER MONTH		
Social Security, any type		
SS received on behalf of dependents		
VA Compensation		
VA Pension		
Military Retirement		
Public Assistance (MFIP, GA, MSA)		
Private Pension/Other Retirement		
Child Support Received		
Spousal Support Received		
Worker's Compensation		
Unemployment Insurance		
Earned Wages/Employment Income		
Self Employment Income		
Rental Income		
Short Term and/or Long Term Disability		
IWT and/or CWT from VAMC		
ANY other Money from ANY Source (Explain in VSO Remarks)		
Total Monthly Household Income		

Section 6 HOUSEHOLD FINANCIAL RESOURCES AND ACCOUNTS

List any checking or savings accounts, CDs IRAs, 401Ks and similar resources if any. You must include any business or self-employment accounts.	
Type of Account	Bank

Section 7**VETERAN EMPLOYMENT INFORMATION**

You must provide the following requested information and list your monthly wages in Section 5 above in "Earned Wages/Employment Income." **If employed, you must submit copies of your last 3 month's pay checks, stubs or advisories.** If you are not currently employed, you must provide this information for your most recent employer.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your usual occupation?	
What is the date you last worked?	How often are you paid?	
Name of Employer	Telephone Number	
Address of Employer	City & State	Zip Code
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your business?	
Do you receive any continuing income from the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what amount?	

If you are self-employed, you must list income from **all** sources under "Self Employment Income" in Section 5 above. You must furnish a copy of your most recent Form 1040 with the appropriate schedules for the business and provide the business account information in Section 6 above.

Section 8**SPOUSE EMPLOYMENT INFORMATION**

You must provide the following requested information and list your monthly wages in Section 5 above in "Earned Wages/Employment Income." **If employed, you must submit copies of your last 3 month's pay checks, stubs or advisories.** If you are not currently employed, you must provide this information for your most recent employer.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your usual occupation?	
What is the date you last worked?	How often are you paid?	
Name of Employer	Telephone Number	
Address of Employer	City & State	Zip Code
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your business?	
Do you receive any continuing income from the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what amount?	

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Section 9 VETERAN CASE MANAGEMENT OFFICER ADDITIONAL REMARKS

Use this space for any additional information, comments, recommendations, etc.

Section 10

AFFIDAVIT

Veteran must read and initial the following:

“Income” means earned and unearned income from any source, including windfalls, income tax refunds, property tax refunds, and rebates, reduced by amounts paid or withheld for federal and state income taxes, and social security taxes.

_____ I have reported **ALL** money received and expected to be received from **ALL** sources.

_____ All of the information that I have provided on this application is true, correct and complete and I have not withheld nor misrepresented any information.

It is my understanding that access to this information may be provided to the Clark County Veterans Resource Committee. No other use, not specifically authorized by law, will be made of this information without my prior written consent. I understand that I am under no obligation to supply the information requested, however, since eligibility cannot be determined without providing such information, the consequences of such refusal would make me ineligible.

Veteran’s Signature

Date Signed