

FINANCIAL ASSISTANCE FORMS for DEFIANCE COUNTY VETERANS

- **You must fill out the ENTIRE form** to be considered for eligibility.
Please call if you have questions.
- You will be required to bring the completed form to the office. If the Suite 102 Veteran Office lobby door is locked, please slide application under the door.
- Bring to appointment:
 - DD214 Discharge – if not already on file
 - Copies of monthly bills: phone, internet, utilities, medical, etc.
 - Pay stubs for last 30 days
 - Bills you need help with
- You may also email the full completed scanned form to our office by sending a scanned copy to veterans@defiancecounty.oh.gov
- Call the Veterans Office to set up an in-person or phone interview.
419.782.6861
- There may be other forms to be filled out. Tanya or Erin will notify you of this when you call the office.
- You may have to attend a meeting of the Veteran Service Commission.
You will be notified of this in advance.

DEFIANCE COUNTY VETERANS OFFICE
1300 EAST SECOND STREET, SUITE 102, DEFIANCE, OH 43512
PHONE: .419.782-6861
FAX: 419.782.6713
veterans@defiancecounty.oh.gov

DEFIANCE COUNTY VETERANS SERVICE COMMISSION FINANCIAL ASSISTANCE APPLICATION

Veteran's Info					
Last Name		First Name		Middle	Social Security #
Occupation			Date of Birth	Date of Death	
Marital Status	Marriage Date	Divorce/Separation Date			
SPOUSE					
SPOUSE Last Name		First Name		Middle	Social Security #
Occupation			Date of Birth	Date of Death	
NOTE: Common Law Marriages are only recognized in Ohio if they were established prior to October 10, 1991					
Date established residency in this county		Date	Phone Number		
(Proof of residency required)					
Veteran's Street Address		City	State	ZIP	Time at Address
Landlord or bank info		City	State	Zip	Phone Number
Previous Address		City	State	ZIP	Time at Address
IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:					
Last Name		First Name		Middle	
Occupation		Date of Birth	Social Security #		
Street Address		City	State	ZIP	Time at Address
MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)					
Date From	Date to	Type of Discharge	Verified - Office use only		
Date From	Date to	Type of Discharge	Verified - Office use only		

Dependents

Last Name	First Name	How related	Social Security #	Date of Birth	Custodial Parent	Support Yes/No

Names of other people in your household

--

Names of other Agencies/Charities/Programs you have used for assistance in the last 30 days?

Agency Name	Assistance

Veteran's Employment History

Registered for job service yes

Employer Name	Date From	Date To	Rate of Pay

Street Address	City	State	ZIP	Phone #

Employer Name	Date From	Date To	Rate of Pay	Reason Terminated

Street Address	City	State	ZIP	Phone #

Employer Name	Date From	Date To	Rate of Pay	Reason Terminated

Street Address	City	State	ZIP

Other Employment in Household

Employer Name	Date From	Date To	Rate of Pay	Reason Terminated

Street Address	City	State	ZIP	Name of Household Member

Disability Information
Assets

Type	\$ Value	Type	Description	\$ Value	Owe
Checking		Home			
Savings or CD		Other Property		\$ -	\$ -
IRA/CD/401K		Vehicle			\$ -
Other	\$ -	Vehicle			
Other	\$ -	Other		\$ -	\$ -
Total	\$ -	Total		\$ -	\$ -

Income and Expenses

Present Monthly Net Income		Estimated Outgoing Expenses		Other Needs	
Wages - Veteran	\$ -	Groceries			
Wages - Spouse	\$ -	Shelter			\$ -
Wages Other		Electric			\$ -
VA Compensation		Heating Cost			\$ -
Retirement Benefits		Water & Sewer	\$ -		\$ -
Social Security - Veteran		Phone/Internet/cab			\$ -
Social Security - Spouse		SUBTOTAL	\$ -		\$ -
Social Security - Children	\$ -				\$ -
Welfare Cash Assistance	\$ -	Car Insurance			\$ -
Food Stamps	\$ -	Gasoline			
Child Support					\$ -
Unemployment Benefits	\$ -				\$ -
Workmen's Compensation	\$ -				\$ -
Other Income	\$ -				\$ -
Help from Charities/Churches	\$ -				\$ -
	\$ -				\$ -
Total	\$ -	GRAND TOTAL			

Assistance Requested					
Description	Amount	Description	Amount	Description	Amount
			\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
	\$ -		\$ -		\$ -
Total					\$ -

Please Explain why you need assistance at this time

Applicant's Signature

Date Signed



**DEFIANCE COUNTY VETERANS' SERVICE COMMISSION
VETERANS' AFFAIRS**

ERIN M CLADY – SERVICE OFFICER TANYA BRUNNER – OFFICE MANAGER
CRYSTAL GOODNIGHT – ADMINISTRATIVE ASSISTANT

INFORMATION RELEASE STATEMENT

The Defiance County Veterans Service Commission is established for the purpose of assisting veterans and their dependents who have met with an unexpected hardship, generally speaking as the result of sickness, injury, or disease, or those who have become destitute because of lack of employment due to no fault of their own. Assistance is only temporary in nature.

The applicant understands that a background investigation is required and the applicant's signature on this form authorizes the Defiance County Veterans Commission to obtain information that would otherwise be protected under Federal privacy laws.

I hereby authorize my relatives, physicians, lawyers, bankers, insurance companies, VA loan institutions, fraternal orders, Bureau of Employment Services, Ohio Unemployment Compensation Office, current employers, former employers, and any other person or organization having information concerning my financial, employment, medical or legal affairs to furnish such information to the Veterans Service Commission of Defiance County, Defiance, Ohio or to the Commission's authorized representatives.

I also authorize the disclosure of any police, arrest, or informational records, held by Police or Sheriff's Departments, including penal institutions.

I have disclosed all my income and assets on the Application for Assistance.

I will notify the Veteran's Service Commission immediately upon returning to work or when I receive money or assets of any kind.

I have read the foregoing statements which were made by me personally in support of my application for assistance and I have told the truth.

PRINTED NAME OF APPLICANT (VETERAN)

Signature of Applicant

Date

Social Security Number of Applicant

Date of Birth

Witness

Date

DEFVA/POLICY/INFORMATIONRELEASE



DEFIANCE COUNTY VETERANS' SERVICE COMMISSION VETERANS' AFFAIRS

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I have read the foregoing statements which were made by me personally in support of my application for assistance and I have told the truth.

PRINTED NAME OF APPLICANT (SPOUSE OR ANY ADULT LIVING WITH YOU)

Signature of Applicant

Date

Social Security Number of Applicant

Date of Birth

Witness

Date

DEFVA/POLICY/INFORMATIONRELEASE