

Franklin County Veterans Service Commission

Temporary Financial Assistance Request

Temporary Financial Assistance from the Franklin County Veterans Service Commission is available to meet an immediate, short-term need.

The Ohio Revised Code mandates that each application is reviewed to determine eligibility and the current financial need.

An application can be made every 30 days.

As a need-based program we

- Review your application to verify your situation.
 - Our process is dependent on having the information and documents requested on our checklist
 - Failure to provide the documents and information can stop or delay our ability to act on the application
 - Interview questions will be used to develop and understanding of the current financial situation and how the applicant will be able to sustain themselves going forward.
- Requests for assistance that cannot be approved at the staff level will go before our Commission. Our Commission meeting are generally held each Wednesday
- Previous Applicants – As part of the review of your current request we will ask about previous referrals that may include Financial Coaching, Social Workers, Job Search Assistance, Job Search logs.

Eligibility - Financial Assistance applicants must meet one of the definitions of Veteran provided under the Ohio Revised Code 5901.

90 Day Minimum Franklin County Residency Required.

Eligibility Categories (Including Survivors & Dependents)

- Active Duty Discharged/Released under honorable conditions
- Currently serving on active duty
- Have a recognized VA service-connected disability
- Reserve and National Guard member called to active duty by Presidential Order

HOW TO APPLY – There are three ways to submit your request and documents

1) E-Mail – vsc.intake@franklincountyohio.gov 2) Fax – 614-525-2505 3) Drop Box – Memorial Hall

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Memorial Hall
280 E. Broad Street
Columbus, OH 43215

614-525-2500 – Voice
614-525-2505 – Fax

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Document Checklist

Below is a list of documents needed to review your application. The more complete your request, the faster we can process your application. The documents are important to validating the financial need

- **DD 214** - All 214's showing discharge(s) period(s) of honorable service
- **Dependents** - Marriage, Divorce, Death, and Birth Certificates. Adoption and Custody agreements
- **Proof of Income** – Statements, pay-stubs or statement(s) from employer(s) showing current household income. (Ideally for the last 30 days). (Includes Spouse, Disabled Adult Dependents, Assistance Award Letters)
- **Financial Transactions** - Bank or pay card printouts covering for the last 30 days.
 - Financial management applications such as PayPal, Zelle, CashApp, Apple Pay, etc.
 - Previous month's statement and screenshots from current month activity.
 - You may be asked to explain transactions
- **Rental Assistance** - Copy of lease and/or intent to rent, ledger or letter from landlord detailing what is due to include eviction documents. Contact information for the landlord should be included.
 - **Applicants name must be on the lease**
- **Mortgage Assistance** – Mortgage statement, payment coupon showing account number and address for the payment. ***(Note - If you are undergoing modification of your mortgage, we cannot process your application until that process is complete)***
- **Utility Assistance** – Copy of most recent utility bill showing name, account number, and statement balance.
- **Car Repair** – At least one estimate no older than 30 days. Car repairs over the Kelly Blue Book value of the vehicle must go before the Commissioners.
- **Car Payment** – Copy of **car payment coupon or statement** showing account number and address for payment

Note: Car repairs and car payments require verification of current license, insurance, and registration for the vehicle. These documents should be submitted with the request for temporary assistance.

- **Moving Expenses** – At least two estimates, moving companies must be willing to accept County payment after the move is complete.

IRS Form W-9 – The County cannot process payment for rent, mortgage, car repairs, car payments, moving expenses and storage units without a current W-9. These forms should be submitted with the request for temporary assistance. Failure to provide these documents can lead to denial of assistance.

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APPLICANT INFORMATION

Date _____ Are You a First Time Applicant? _____

Are You the Veteran? _____ Are You a Franklin County Resident? _____

Applicant Last Name _____ Applicant First Name _____ Social Security # _____

Relationship to Veteran _____ Date of Birth- Veteran _____ # of Dependents in Home _____

Name of Veteran (If Not the Applicant) _____

Address _____

City _____ State _____ Zip Code _____

Best Contact Number _____ E-Mail Address _____

Best Time to Call? _____ Would You Prefer an In Person Appointment? _____

Do you have the ability to take video calls using Microsoft Teams? _____

Are you facing eviction?	Case # _____	Notice to Leave?	Yes	No
Yes No				
Are you unemployed?	Yes No	Are you homeless?	Yes No	

MILITARY SERVICE INFORMATION

Branch of Service _____ Date Entered Military _____ Date of Separation _____

Rank at Discharge _____ Type of Discharge _____

Do you have more than one period of service? If yes, please provide all DD 214(s)

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VA INFORMATION

Do you receive a monthly check from the VA? Yes No

What Color Team Are You On?

Do you know if you have a VA Social Worker? Yes No

REQUESTED ASSISTANCE

Rent

Mortgage

Utilities

Food

Gas

Electric

Water

Car Repair

Car Payment

Moving Expenses

Work Clothing

Haircut Card

TV Antenna

New Resident Kit

Work Shoes/Boot

Dental Program

Vision Program

Medical Transportation

Service Documents

Other

PLEASE EXPLAIN WHY ASSISTANCE IS NEEDED

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EMPLOYMENT, INCOME & EXPENSES

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

A - EMPLOYMENT HISTORY

Name	Relationship to Applicant	Employer	Start Date	End Date	Hourly Rate	Hours Per Week

B - HOUSEHOLD INCOME: List all sources of income, for all household members, for the last 30 days:

Name	Relationship to Applicant	Source of Income	Monthly NET Amount

- Income statements, pay-stubs 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.)
- Provide 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).

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C - MONTHLY EXPENSES - List MONTHLY living expenses and how they are paid:

Monthly Expense	Monthly Amount	How does it get paid? (gift, loan, other)	Who Pays It	Contact Phone or E-mail
Rent or Mortgage				
Utilities				
Food				
Transportation				
Cell Phone				
Life Insurance				
Cell Phone				
Cable / Internet				
School Fees				
Other Expenses				
Medical				

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.

I understand that I may be asked questions about my financial situation to include sources of income, spending, bank accounts and other financial transactions to validate my financial need for assistance.

Printed Name

Signature

Date

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