



FINANCIAL ASSISTANCE PROCESS & CHECKLIST

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.** As a need-based program, we will review your application to verify your situation.

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

Required Documentation – Failure to provide requested documents will delay or prevent us from processing your request

All DD 214 forms or letters of Honorable Service (First Time Applicants)

Marriage/Divorce/Death Certificate. If separated, must furnish the veterans address/phone number for verification

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.)

Bank/pay card transaction history for the last 30 days from ALL accounts (Checking, Savings, and pay cards) **ALL** household members. (Spouse, Disabled Adult Dependent, Government assistance for child, significant other). (Not a bank statement & no more three (3) days old when submitted)

Transaction printouts covering the last 30 days from financial applications such as Cash App, Zelle, Paypal, etc.

Copy of lease/Intent to Rent and/or statement from landlord explaining past due rent, late fee, and eviction amount owed by months, include address and telephone number of landlord/property manager

Mortgage statement, payment booklet including the mortgage company's address and telephone number for where payment is mailed.

Copy of most recent utility bill(s) showing name, account number, and balance

Vehicle Repair and/or Vehicle Payment

At least ONE estimate from reputable auto repair establishment (not older than 30 days)

Copy of the current registration

Proof of auto Insurance in compliance with Ohio law

Proof of Valid Ohio Driver's License

Car Payment Coupon

IRS Form W9 Rent

IRS Form W9 Mortgage

IRS Form W9 Car Repair/Payment



As of 1 January 2022

280 E. Broad Street
Columbus OH 43215

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

E-Mail
vsc.intake@franklincountyohio.gov



Request for Financial Assistance

ARE YOU THE VETERAN? YES NO

Date Name (First – Last)

Relationship to Veteran Name of Veteran (Unless listed above)

Veteran Date of Birth Last Four of Social Security Number ARE YOU FACING EVICTION? YES NO

Is this your first request from the Franklin County Veterans Service Commission? YES NO ARE YOU UNEMPLOYED? YES NO

APPLICANT INFORMATION

Best Contact Number for You Email Address

Address

City State Zip Code

Provide Number of Dependents (Spouse, Children) In Household

Best Time to Call: 8:30 – 12:00 1:00 – 3:00 Anytime

Do you receive a monthly check from the VA? Yes No I am a resident of Franklin County? Yes No





SERVICE INFORMATION

Branch	_____	Rank at Discharge	_____
Dates of Service	_____	Type of Discharge	Honorable General Under Honorable

PLEASE CHECK AREA WHERE YOU NEED ASSISTANCE

Rent	Car Repair	Moving Expenses	TV Antenna
Mortgage	Car Payment	Move-In Kit	Haircut
Electric Utility		Storage Fee	Dental Program
Gas - Utility			Vision Program
Water Utility			Work Boots/ Clothing
Food			
OTHER: _____			

This free support is

- Confidential
- Available every day, 24/7

And serves

- ★ All Veterans
- ★ All Service members
- ★ National Guard and Reserve
- Their family members and friends

Veterans Crisis Line

Are you a Veteran in crisis or concerned about one?

Connect with the Veterans Crisis Line to reach caring, qualified responders with the Department of Veterans Affairs. Many of them are Veterans themselves.



Text: 838255

Visit
www.veteranscrisisline.net





Employment History

NOTE: First time applicants please attach resume.

Returning applicants need to provide your work history for the last 5 years

<u>Family Member</u>	<u>Company Name / Position</u>	<u>Start Date</u>	<u>End Date</u>	<u>Pay Rate</u>	<u>Hour Per Week</u>
----------------------	--------------------------------	-------------------	-----------------	-----------------	----------------------

Please tell us why you need assistance (Required)



Income Statement

You must provide documentation of the 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, retirement, or any of the following benefits: OWF, SSI Social Security survivors or disability, VA, unemployment, workers comp. etc.

Select ONLY Box 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, 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.)
- 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 - ZERO INCOME – SUPPORT STATEMENT: If you declare that no one in your household receives a source of income you must provide a statement on how you meet your **MONTHLY** living expenses:

Monthly Expense	Monthly Amount	How does it get Paid? (gift, loan or other)	Who Pays it	Contact Phone or Email
Housing				
Utilities				
Food				
Transportation				





Box B Continued

Monthly Expense	Monthly Amount	How does it get Paid? (gift, loan or other)	Who Pays it	Contact Phone or Email
Cell Phone				
Personal Expenses				
Other Expenses				

NOTES:

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 complete package using E-mail, Fax, or Dropbox outside our lobby
- Step 3 – Wait for our phone call to review your request

VSC USE ONLY

NF

ABC

