

## **LAKE COUNTY VETERANS SERVICE OFFICE**

An Office of Lake County Government  
105 Main Street, (Lake County Administration Building), Painesville, OH 44077  
(440) 350-2904 or (440) 350-2567

### **EMERGENCY FINANCIAL ASSISTANCE APPLICATION PACKET**

Your appointment is scheduled for \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ o'clock

**PLEASE CALL (440) 350-2904 IF YOU CANNOT MAKE YOUR APPOINTMENT OR IF YOU ARE GOING TO BE LATE.** If you are more than 15 minutes late, your appointment is subject to be rescheduled. This office works ON APPOINTMENT ONLY for financial relief. If you miss your appointment it may be 2 weeks or longer before you can get another appointment. Missing or arriving late for your appointment inconveniences other veterans seeking assistance. Late or missed appointments will be documented.

### **Please bring this ENTIRE packet with you to your appointment.**

The purpose of the program is to provide emergency and temporary financial assistance for basic living needs to eligible veterans and their dependents. The program is not intended to be used on a month to month or extended basis. Whenever necessary and possible, we attempt to help you find long term solutions for your needs. You may be asked to seek assistance from other agencies and may be denied assistance if you fail to do so.

Office appointment – A caseworker will take your application and discuss your situation. Your appointment should take a minimum of one hour and possibly longer; please plan accordingly. Whenever possible, we ask that you do not bring young children to the appointment.

Decision on your application – All applications are reviewed by the Lake County Veterans Service Commission usually on a biweekly basis. Your caseworker can tell you when your application will be reviewed. Emergency requests **may** be reviewed sooner. While you may request help for a specific need, the Commission will determine what assistance may be granted.

Receiving your grant - You may call the office the DAY AFTER the meeting to find out the results. If approved, your check will be MAILED to you or creditors unless other arrangements have been made and approved by the Commission.

If you need further assistance - An application must be completed each time you need assistance. Please call the office for an appointment.

### **Please bring the following documentation to your first appointment:**

- DD 214 (Separation Record) **must show character of discharge**
- Driver's License or other government issued picture ID
- Marriage License
- Veteran's Death Certificate (if applicable)
- Birth Certificates for all dependents
- Social Security numbers for all dependents
- Divorce/custody papers (if applicable)
- If disabled, documentation from doctor regarding your disability and whether you are able to work or not, or when you may be able to return to work.

**Please see the next page for the list of additional REQUIRED documentation.**

**PLEASE COMPLETE THE ENCLOSED APPLICATION BEFORE YOUR APPOINTMENT.**

**The following information is needed to complete your application and must be brought to your office appointment.** This information must be provided with EVERY APPLICATION.

Incomplete applications or missing documentation will significantly delay any possible assistance. This information must be provided for **ALL** adult residents in the household.

**1. WRITTEN PROOF OF ALL INCOME FOR THE LAST 30 DAYS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Paystubs   | <input type="checkbox"/> Child support (provide print out from CESA or bank statement showing amounts received or amounts ordered but not receiving) |
| <input type="checkbox"/> Unemployment benefits  | <input type="checkbox"/> Food stamps (provide current award letter or print out from ODJFS)  |
| <input type="checkbox"/> Workers Compensation   | <input type="checkbox"/> ODJFS Cash assistance (OWF/ADC) (provide current award letter or print out from ODJFS)                                      |
| <input type="checkbox"/> Employer short & long term disability benefits                                   | <input type="checkbox"/> Section 8 or other housing benefits (provide LMHA documentation showing rent and utility allowance amounts)                 |
| <input type="checkbox"/> Unemployment benefits  | <input type="checkbox"/> Any other income or funds received in the last 30 days (income tax refunds, loans, alimony, etc.)                           |
| <input type="checkbox"/> Workers Compensation   |  |
| <input type="checkbox"/> Tips earned while working  |  |
| <input type="checkbox"/> Social Security benefits (including retirement, disability, & SSI)               |  |
| <input type="checkbox"/> VA benefits (including compensation, pension, education, vocational rehab, etc.) |  |
| <input type="checkbox"/> Retirements and pensions (from private employers or any government source)       |  |

**2. TRANSACTION OR ACTIVITY REPORT FOR THE LAST 30 DAY ON ALL BANK ACCOUNTS: It may be necessary for you to get a print out from the bank or internet.**

- |   |   |
|---|---|
| <input type="checkbox"/> Savings accounts                           | <input type="checkbox"/> Government issued debit card accounts for Social Security, unemployment, child support, VA benefits, etc. (Direct Express, ect.) |
| <input type="checkbox"/> Checking accounts                          |   |
| <input type="checkbox"/> 401K, IRA, CDs, mutual funds, stocks, etc. |   |

**3. CURRENT BILLS FOR ALL EXPENSES including, but not limited to the following: Provide the entire bill showing account number and mailing address of the company.**

- |  |   |
|--|---|
| <input type="checkbox"/> Rent- enclosed Landlord Statement completed by the landlord/ manager. Also provide lease and any eviction or court notices. | <input type="checkbox"/> Phone bills (house and cells)              |
| <input type="checkbox"/> Mortgage-current mortgage statement or coupon book and any correspondence regarding any impending foreclosure.              | <input type="checkbox"/> Cable and internet bills                   |
| <input type="checkbox"/> Electric bill   | <input type="checkbox"/> Car loans                                  |
| <input type="checkbox"/> Gas/fuel oil/propane bills  | <input type="checkbox"/> Insurance payments (car, home, life, etc.) |
| <input type="checkbox"/> Water and sewer bills   | <input type="checkbox"/> Credit cards and loans                     |
|  | <input type="checkbox"/> Child care costs                           |
|  | <input type="checkbox"/> Prescription costs                         |
|  | <input type="checkbox"/> Medical bills                              |
|  | <input type="checkbox"/> Gasoline costs                             |
|  | <input type="checkbox"/> Any other expenses                         |

**4. OTHER INFORMATION:**

- |  |   |
|--|---|
| <input type="checkbox"/> Doctor's statement detailing disabilities   | <input type="checkbox"/> All court appearance or fine notices |
| <input type="checkbox"/> Proof of an emergency expenditure such as a car repair, ect.                      | <input type="checkbox"/> Other information as requested       |
| <input type="checkbox"/> If self-employed, current business bank statements, and previous year tax returns |   |
| <input type="checkbox"/> Proof of any assistance received from other agencies (PRC, HEAP, churches, etc.)  |   |

**LAKE COUNTY VETERANS SERVICE COMMISSION**

105 Main Street, Painesville, OH 44077  
(440) 350-2904/2567 Fax: (440) 350-5980

**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ authorize and direct any Federal, State or Local agency, business,  
Applicant's Printed Name  
or individual to release to the Lake County Veterans Service Commission any information or materials need to complete and verify my application for emergency financial assistance.

I also consent for the Lake County Veterans Services Commission to release information from my file that is pertinent to any other agency. The Lake County Veterans Services Commission may, in the course of its duties can exchange information with Federal, State, or Local agencies, including but not limited to: State employment; Social Security; Postal Service; State Welfare and Food Stamp Agencies; Utility Companies and the Department of Veterans Affairs.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but not limited to:

- |                                  |                               |
|----------------------------------|-------------------------------|
| Identitiy and marital status     | Employment                    |
| Income and assests               | Residence and rental activity |
| Medial and child care allowances | Credit                        |
| Criminal activity                | Public assistance             |

Groups or individuals that may be asked to release information include but are not limited to:

- |                                  |                                |
|----------------------------------|--------------------------------|
| Previous and present landlords   | Welfare agencies               |
| Courts and probation departments | Schools and colleges           |
| Law enforcement agencies         | Social Security                |
| Support and alimony providers    | Utility companies              |
| State Unemployment agencies      | Past and present employers     |
| Bureau of Workers Compensation   | Department of Veterans Affairs |
| Medical and child care providers | Retirement systems             |
| Financial institutions           | Credit bureaus                 |

I agree that a photocopy of this release may be used for the purposes stated above. The original will stay in my file with the Lake County Veterans Services Commission and stay in effect for one year and one day from the date signed below.

\_\_\_\_\_  
Applicant Social Security # \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Spouse (if applicable) Social Security # \_\_\_\_\_ Date \_\_\_\_\_



Employment		Veteran	Spouse	Other
14	Employer name:			
15	Employer address:			
16	Employer phone:			
17	Dates of Employment:			
18	Rate of pay:	\$	\$	\$
19	Are you seeking employment? Yes      No		Where:	Are you registered with ODJFS? Yes      No
20	If not seeking employment, explain why:			

Assets					
Type	\$ Value	Type	Description	\$ Value	Loan owed
Checking		Home			
Savings or CD		Other property			
Other:		Vehicle (year/model)			
Other:		Vehicle (year/model)			
Other:		Other:			

Income and expenses (verification of all income and expenses required)					
Present MONTHLY net income (last 30 days)		Estimated immediate monthly needs		Assistance Requested	
				Type:	Amount:
Wages - Veteran	\$	Rent or Mortgage	\$		
Wages - Spouse	\$	Heat	\$		\$
Wages Children	\$	Electric	\$		
Pension or Compensation	\$	Phone	\$		\$
Retirement Benefits	\$	Water	\$		
Social Security - Veteran	\$	Sewer	\$		\$
Social Security - Spouse	\$	Food	\$		
SSI	\$	Cable	\$		\$
Welfare	\$	Auto Payments	\$		
Food Stamps	\$	Insurances	\$		\$
Child Support	\$	Credit Accounts	\$		
Unemployment Benefits	\$	RX/Medical	\$		\$
Worker's Compensation	\$	Transportation	\$		
All other income	\$	Day Care	\$		\$
	\$	Child Support	\$		
	\$		\$		\$
	\$		\$		
	\$		\$		\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

Please explain why you need assistance at this time:

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 have read and understand the Formal Rules for Financial Relief Applications of the Veterans Service Commission and all related procedural documents. I also understand that acceptance of assistance further acknowledges my understanding of these rules and procedures. Additionally, acceptance of assistance indicates my agreement to follow these rules & procedures, and that my failure to do so will lead to denial of any request for assistance; at least for a one (1) year period, at the Veterans Service Commission's discretion. I understand that false statements made on this application may lead to prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**LAKE COUNTY VETERANS SERVICE COMMISSION**  
**FORMAL RULES FOR FINANCIAL RELIEF APPLICATIONS**  
**Adopted July 21, 1994 - Current Revision October 23, 2013**

1. The applicant must have three months residency in Lake County immediately preceding the date of application and be able to provide proof of the same (rent receipts or rental agreement, utility bills, government identification, voter registration, etc.).
2. Veterans are required to have active federal service in the armed forces of the United States for other than training purposes, which includes initial recruit training but not Military Occupation Specialty or other post graduation training, and must have been discharged *Under Honorable Conditions*. The Veterans Service Commission generally determines eligibility and character of discharge from the veteran's most recent period of service/discharge.
3. Common Law marriages are recognized in Ohio if evidence of the same is provided that proves the existence of the common law marriage prior to October 10, 1991.
4. False or misleading statements shall result in denial of assistance and/or prosecution.
5. An application shall be denied when there is misuse of designated funds from previous grants. Misuse shall include not spending grants as directed by the Veterans Service Commission.
6. An applicant may be subject to denial of assistance if the applicant does not seek assistance from other agencies, employment, or take any other action as directed by the Veterans Service Commission.
7. The Veterans Service Commission will pay basic service telephone bills only when there is a medical necessity. A signed statement by a physician will be required. Additional charges may only be paid for long distance calls to a medical provider or caregiver.
8. The veteran must be present for the application unless:
  - a. The veteran is working;
  - b. The veteran is hospitalized;
  - c. The veteran has an injury/disability preventing his/her presence; or
  - d. The applicant is separated or divorced from the veteran and has primary residential custody of the veteran's child(ren).
9. Financial relief shall not be awarded more than once per month absent an emergency.
10. Financial relief shall not be awarded more than three (3) times in a twelve (12) month period absent an extreme hardship, disability or dire emergency.

# Lake County Veterans Service Commission

## Formal Rules (Continued)

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11. The applicant/veteran must appear before the Veterans Service Commission on the fourth application in a twelve (12) month period and provide all evidence necessary to establish proof of a dire emergency or hardship.
12. Only the Veterans Service Commission may approve an emergency grant.
13. Receipts or other proof of payment that funds previously granted an applicant were expended as directed by the Veterans Service Commission must be provided prior to filing a subsequent application for financial relief or appealing a prior decision.
14. An applicant may appeal the decision of the Veterans Service Commission by making an appointment to appear at the next regularly scheduled Board meeting to present the appeal no less than five (5) days prior to said meeting. The applicant will be afforded no more than ten (10) minutes to present the appeal [See also, Rule #19].
15. Each application shall be determined on its own merits in accordance with the intent of Chapter 5901 of the Ohio Revised Code and pursuant to the policies and procedures as established by the Veterans Service Commission.
16. An application may be denied for an applicant's/household member's failure to use due diligence in managing household finances, i.e., failure to live within your means.
17. An application may be denied for an applicant's/household member's failure to provide a long-term solution to continuing financial distress.
18. Persons desiring to address the Veterans Service Commission during the public portion of its regularly scheduled meeting will be afforded an opportunity to do so. If the VSC determines it is expedient to do so, a person's comments, observations or questions may be limited to no more than five (5) minutes per individual.
19. Persons requesting to address the Veterans Service Commission who have been denied services by the Veterans Service Commission will NOT be allowed to use the public portion of the meeting as a forum to seek redress: The proper avenue to overcome decisions by the Veterans Service Commission is established at law and must be followed.
20. Financial assistance shall be denied when no financial hardship or financial emergency has been demonstrated to the satisfaction of the VSC.
21. Financial assistance shall be denied if income exceeds expenses without satisfactory justification to the VSC.

Adopted July 24, 1994

Current Version Dated October 10, 2013

Adopted October 23, 2013

**LAKE COUNTY VETERANS SERVICE COMMISSION**

105 Main Street, Painesville, OH 44077  
(440) 350-2904/ (800) 899-5253  
Fax (440) 350-5980

**LANDLORD RENTAL INFORMATION STATEMENT**

**INSTRUCTIONS:** This form is to be completed by the owner/landlord/manager of the rental property. Please complete as thoroughly as possible. This form is to be used for informational purposes only. **THE MAKING OF FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY LEAD TO PROSECUTION BY THIS AGENCY.** Please return the completed form to the Veterans Services Commission.

Name of Financial Assistance Applicant: \_\_\_\_\_  
Full Address of the premises  
occupied by the above name person: \_\_\_\_\_  
Names of all people making rental arrangements and names of all those residing in these premises:  
\_\_\_\_\_

I am related to the applicant (check one):  Yes  No If yes, explain relationship: \_\_\_\_\_

Type of dwelling (check one):  Single family home  Multiple family home  Apartment/Condo  
 Boarding/Rooming House  Mobile home  Other (please explain) \_\_\_\_\_

Date tenant moved in: \_\_\_\_\_ Premises are (check one):  Furnished  Unfurnished

Premises are heated by (check one):  Electric  Gas  Fuel Oil  Other (please explain) \_\_\_\_\_

Tenant responsible for paying (check all that apply)  Electric  Gas  Water  Sewer  Trash

Please list all other utilities, etc. that tenant is responsible for: \_\_\_\_\_

Total amount of rent for this unit: \_\_\_\_\_ Rent amount tenant is to pay: \_\_\_\_\_  Monthly  Weekly  
Rental assistance is received from another source on a monthly basis (check one):  Yes  No

If yes, amount received: \_\_\_\_\_ Name of source or program: \_\_\_\_\_

Date tenant last paid rent: \_\_\_\_\_ Last amount received from tenant: \_\_\_\_\_

Rent is currently delinquent (check one):  Yes  No If yes, date it became delinquent: \_\_\_\_\_

Amount delinquent: \_\_\_\_\_ Explain amounts due (break down amount by months due, late fees, etc.):  
\_\_\_\_\_

If applicant is applying for assistance to move into premises, please list all amounts needed:

\_\_\_\_\_ first month rent \_\_\_\_\_ last month rent \_\_\_\_\_ security deposit \_\_\_\_\_ other \_\_\_\_\_ List any amount to be received from another source & name source

Check for rent should be made payable to: \_\_\_\_\_  
PLEASE PRINT

Check should be mailed to (address): \_\_\_\_\_  
PLEASE PRINT

**By signing below, I certify the following:** I understand that the above named applicant is liable and responsible for payment of any rent due me. I understand that the Lake County Veterans Service Commission is in no way responsible for any past, current, or future rent payments for the applicant. I am the owner/landlord/manager of the above named property and all statements contained herein are true.

\_\_\_\_\_  
Signature Printed Name Date Phone Number

Please Note: If you should receive a payment from the Lake County Veterans Service Commission, it would be appreciated if you would provide a receipt to the tenant and/or to our office which will assure us that you have received your payment.

<i>For Lake County Auditor's Use Only</i>	
No:	_____
Rate:	_____
Type:	_____

Please check one:

\_\_\_\_\_ New \_\_\_\_\_ Change

# LAKE COUNTY, OHIO VENDOR INFORMATION REQUEST FORM

(In lieu of W-9 Please Type or Print)

**VENDOR NAME:** *(as shown on your income tax return):*

\_\_\_\_\_

**BUSINESS NAME (DBA - Doing Business As)** *if applicable and different from name above:*

\_\_\_\_\_

**STREET ADDRESS:**

\_\_\_\_\_

**CITY:**

\_\_\_\_\_

**STATE:**

\_\_\_\_\_

**ZIP CODE:**

\_\_\_\_\_

**PHONE NUMBER:**

( \_\_\_\_\_ ) \_\_\_\_\_

**"REMIT TO" ADDRESS (If different from above):**

**STREET ADDRESS:**

\_\_\_\_\_

**CITY:**

\_\_\_\_\_

**STATE:**

\_\_\_\_\_

**ZIP CODE:**

\_\_\_\_\_

**TYPE OF BUSINESS (Please check one):**

\_\_\_\_\_ (1) Corporation

\_\_\_\_\_ (4) Government

\_\_\_\_\_ (2) Partnership

\_\_\_\_\_ (5) Non-Profit Organization

\_\_\_\_\_ (3) Sole Proprietor (individual)

\_\_\_\_\_ (6) Limited Liability Company (LLC)

**TYPES OF GOODS/SERVICES PROVIDED:**

\_\_\_\_\_

\_\_\_\_\_

**FEDERAL TAX IDENTIFICATION NUMBER:** \*\*The TIN provided must match the name given on line 1 above to avoid backup withholding. \*\* (Must be 9 digits)

**EMPLOYER IDENTIFICATION NUMBER**

\_\_\_\_\_

or

**SOCIAL SECURITY NUMBER:**

\_\_\_\_\_

(If S.S.N., print individual's name

if different from vendor name above)

\_\_\_\_\_

**Certification:**

Upon penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. citizen or other U.S. person.

**NAME:** *(signature required)*

\_\_\_\_\_

**TITLE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

\*\*\*\*

**PLEASE RETURN TO:**

Lake County Auditor's Office  
c/o Vendor Updates  
105 Main Street  
Painesville, Ohio 44077