

LAKE COUNTY VETERANS SERVICE OFFICE

An Office of the 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 the office staff and other veterans seeking assistance. Late or missed appointments will be documented.

PLEASE REVIEW THE ENCLOSED DOCUMENTS CAREFULLY:

Page one – How the Financial Assistance Program works: Please read and sign.

Page two – What to bring with you to your appointment: Please bring all necessary documentation to your appointment. Incomplete applications or missing documentation can significantly delay any possible assistance. **Please bring this ENTIRE packet with you to your appointment.**

Page three – Formal Rules: It is important that you read and understand these rules. These rules will be strictly followed unless the Commission determines good cause exists to suspend them in an emergency situation. If you have any questions, please ask one of our staff. **Your acceptance of assistance from this office is acknowledgment of your understanding of these rules.**

Page five – Application Form: This application **must be completed BEFORE** arriving for your appointment with the caseworker. Again, incomplete applications will delay any possible assistance.

Page seven – Consent for Release of Information: Both the applicant and residential spouse (if applicable) should sign and date this form.

Page eight – Landlord Rental Information Statement: If you do not have a copy of a CURRENT lease, please have your landlord complete and sign this form.

DIRECTIONS TO OUR OFFICE:

Rt. 2 to Painesville/Fairport Harbor/ Richmond St. exit. South on Richmond St. to Rt. 20, turn left (east) to St. Clair St., turn right. We are located on the corner of St. Clair and Main Streets in the Lake County Administration Building, 2nd floor. We are directly across St. Clair Street from the Ohio Department of Jobs and Family Services (Human Services).

HOW THE FINANCIAL ASSISTANCE PROGRAM WORKS:

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.

Step 1. Office appointment – A caseworker will take your application and discuss your situation. Your appointment should take a minimum of one hour; please plan accordingly. Whenever possible, we ask that you do not bring young children to the appointment.

Step 2. Home visit – If this is your first application or if it has been more than 1 year since your last application, a caseworker will visit you at home.

Step 3. Decision on your application – All applications are reviewed by the Lake County Veterans Service Commission which is comprised of 5 veterans. The Commission meets every other Wednesday to review applications and make decisions. Your caseworker can tell you when your application will be reviewed. Emergency grants ***may*** be awarded sooner. While you may request help for a specific need, the Commission will determine what assistance may be granted.

Step 4. 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 unless other arrangements have been made. You will also receive a letter which will explain how the grant is to be spent. ***If you do not spend the grant as directed or provide receipts within 60 days after receipt of the grant, you may not receive further assistance.*** If your application is denied, you will receive a letter explaining why.

Step 5. If you need further assistance - **An application must be completed each time you need assistance.** Call the office for an appointment. Whenever possible, please schedule your appointment as soon as you believe you may need assistance. For example, please call BEFORE your electricity is disconnected as it may be 2 weeks or longer before an appointment is available.

I, _____ have read and understand the Formal Rules for Financial Relief
Applicant's name
Applications of the Lake County Veterans Service Commission and all related procedural documents. I also understand that acceptance of assistance from this Commission further acknowledges my understanding of these rules and procedures.

Signature of Applicant

Date

Signature of Spouse (if applicable)

Date

WHAT TO BRING WITH YOU TO YOUR APPOINTMENT:

IF YOU HAVE NEVER BEEN TO THIS OFFICE BEFORE, **YOU MUST BRING THE FOLLOWING DOCUMENTATION TO YOUR FIRST APPOINTMENT:**

- DD 214 (Separation Record)
- 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.

ALL APPLICANTS MUST BRING THE FOLLOWING TO ALL APPOINTMENTS FOR FINANCIAL ASSISTANCE:

We need to see your **ENTIRE** financial picture and need documentation of all of it; even it is something that the Commission will not pay.

- Proof of **ALL** income for the past month (pay stubs, award letter from Social Security, Workman's Compensation, check stubs or bank statements for any retirement or pension, etc.)
- Unemployment Compensation Documentation (either approved or denied)
- Proof of eligibility for food stamps/OWF/ADC/WIC and any other federal, state, or local assistance
- Child Support documentation for amounts paid or received
- Proof of **ALL** expenses for the last month, including but not limited to the following:
 - Most current rent receipt, lease, eviction notice, Landlord Rental Information Sheet
 - Mortgage statement or coupon book, foreclosure notice
 - **CURRENT** utility bills – electric, water, gas, sewer, cable, phone, etc.
 - Misc. bills – car loans, credit cards, insurance, medical bills, taxes, etc.
- **CURRENT** bank or credit union statements for any savings or checking accounts
- You must also provide information regarding income and expenses of ALL other adults living in your home.
- If you need assistance because of an emergency expenditure (such as a major car repair), please bring proof of the expense.

******Please bring all necessary documentation to your appointment. Please remember that incomplete applications or missing documentation will significantly delay any possible assistance.***

LAKE COUNTY VETERANS SERVICE COMMISSION
FORMAL RULES FOR FINANCIAL RELIEF APPLICATIONS
Adopted July 21, 1994, Revised March 10, 2004

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*.
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 children.
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.
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.

Lake County Veterans Service Commission

Formal Rules (Continued)

Page Two (2)

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.
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.

Adopted July 24, 1994

Current Version Dated March 10, 2004

Date of Application

(Note: Disclosure of Social Security Account Numbers is voluntary, but failure to provide such information may affect your application for financial assistance.) Social Security Numbers are used as secondary identifiers to determine an applicant's eligibility for assistance.

1		Veteran's Name: Last First Middle				SSN:	
						Occupation:	
2		Date of Birth:	Date of Death:	Marital Status:	Date of Marriage	Date of Divorce/Separation:	
3		Spouse (Maiden name if applicable):			Spouse SSN:	Spouse Date of Birth:	
Note: Common Law Marriages are recognized in Ohio only if they were established prior to October 10, 1991.							
4		Veterans address:			City	State	Zip
							How long?
5		Date established residency in this county: (proof required)			Telephone (area Code)		
6		Previous address:			City	State	Zip
							How long?
7		Name of current landlord/mortgage co.		Telephone (area code)		Fax # (area code)	
IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:							
8		Name:		Relation to veteran:		Date of Birth:	SSN:
9		Address:		City	State	Zip	Telephone (area code)
MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)							
10		Date from:	To:	Type of Discharge	Branch of Service	Verified (office use only)	
						Yes - No - DD214/VA	
		Date from:	To:	Type of Discharge	Branch of Service	Verified (office use only)	
						Yes - No - DD214/VA	
DEPENDENTS							
11		Names (if more than 4 use separate sheet)		How related to veteran:	SSN:	Date of Birth:	Who has Custody:
							Support Yes - No
a							
b							
c							
d							
12		Does anyone else live in your household? (if yes, please explain)			Yes	No	
13		Has anyone in your household ever applied for assistance from any other agency in the last thirty(30) days? Yes No (if yes, please explain)					
		Agency:			Assistance:		
		Agency:			Assistance:		

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	\$		
	\$		\$		\$
	\$		\$		
	\$		\$		\$
Total	\$	Total	\$	Total	\$

Please explain why you need assistance at this time:

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.

_____ Date Signed

_____ Applicant's Signature

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 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:

Identity 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
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_____ Spouse (if applicable)	_____ Social Security #	_____ Date
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LAKE COUNTY VETERANS SERVICE CENTER
105 Main Street, P. O. Box 490
Painesville, Ohio 44077
(440) 350-2567
1-800-899-5253

LANDLORD RENTAL INFORMATION STATEMENT

This matter pertains to: _____

As the owner or landlord, will you please answer the following questions and return the completed form to this office.

This form is to be used only for information purposes regarding rental unit. The Veterans Service Commission is in no way obligated for any past or future commitments made by renters.

1. Address of premises occupied by the above named person: _____
2. Are you related to this person? _____ If yes, how? _____
3. Number of rooms rented to this person. _____
4. Number of people occupying those rooms. _____
5. Name of person making rental agreement regarding those rooms. _____
6. Exact rent charge tenant – Monthly _____ Weekly _____
7. How is the premises heated? _____
8. Do you as landlord pay? Gas ☐ Yes ☐ No Electric ☐ Yes ☐ No Water ☐ Yes ☐ No
9. Name of person that signed for gas meter? _____
10. Name of person that signed for electric meter? _____
11. Are rooms furnished? _____ Unfurnished? _____
12. Date tenant moved in: _____ Date rent is due _____ Paid to date ☐ Yes ☐ No
13. Date it become delinquent _____ Amount delinquent _____

I understand that the above renter is liable and responsible for payment of his rent.

Check appropriate box below and certify:

- ☐ I hereby certify that I am the Landlord and about statements are true.

Signature of Landlord Address Phone No. Date

- ☐ I hereby certify that I am Agent for _____ and above statements are true.

Signature of Agent Address Phone No. Date

WARNING

THE MAKING OF FALSE OR MISLEADING STATEMENTS MAY LEAD TO PROSECUTION BY THIS AGENCY

Caseworker