

LAKE COUNTY VETERANS SERVICE OFFICE

105 Main St., (Lake County Administration Bldg.), Painesville, OH 44077

(440) 350-2904/2567 Fax (440) 350-5980/5979

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, it may be necessary to reschedule your appointment.

PLEASE BRING THIS ENTIRE PACKET AND ALL REQUIRED DOCUMENTATION TO YOUR APPOINTMENT. *If you are not prepared with all necessary documentation, it may be necessary to reschedule your appointment and any possible assistance may be significantly delayed.*

Please complete the enclosed application BEFORE your appointment.

If it is your first visit to our office, please bring all the following applicable documents:

- DD 214 (Separation Record) – must show character of discharge (Honorable, etc.)
- Photo ID issued by a government agency
- Marriage License if applicable
- Birth certificates and Social Security cards for all dependents
- Veteran's Death Certificate if applicable
- Divorce and child custody documents

****We understand that you may manage your finances, etc. on-line, however; WE MUST HAVE LEGIBLE, PAPER COPIES OF ALL DOCUMENTATION.** Due to the number of applications we are processing, **our staff may not be able to print these documents for you during your appointment.** We ask that you come prepared to your appointment with these copies. If you need assistance in printing, **we have a computer and printer available for your use on Wednesday afternoons and all day Thursdays and Fridays.** Bring your user IDs and passwords. Your local library may also provide this help. Thank you for your understanding.

The following documentation is needed to complete your application and MUST be brought to ALL financial assistance appointments. This information must be provided for **ALL adults** in the home. If any adult in the home is not working due to disability, we require a **current doctor's statement.**

1. PROOF OF ALL INCOME FOR THE LAST 30 DAYS

- Paystubs
- Unemployment benefits
- Any federal benefits (Social Security, VA, etc.)
- Workers Compensation/any disability insurance
- Retirements and pensions
- Child support
- SNAP benefits/OWF/Cash assistance (or denial)
- Any other income received in the last 30 days (loans, IRS refunds, etc.)

2. TRANSACTION OR ACTIVITY REPORTS FOR THE LAST 30 DAYS FOR ALL BANK ACCOUNTS

Savings, checking accounts, and any debit card (i.e. Direct Express) accounts for benefits (Social Security, VA, child support, unemployment, wages, etc.). If self-employed, business bank accounts, income tax returns, etc.

3. CURRENT BILLS FOR ALL EXPENSES

Provide the entire bill showing account number and mailing address for the company.

- Rent- enclosed Landlord Statement completed by landlord/manager. Also, current lease and any eviction/court notices
- Mortgage-current statement and any information regarding impending foreclosure
- All utility bills and cable, phones, etc.
- All loans (car, personal, etc.)
- Credit cards
- Insurance payments (car, home, health)
- Any other expenses (emergency repairs, etc.)

ADDITIONAL INFORMATION ABOUT THE EMERGENCY FINANCIAL ASSISTANCE PROGRAM

You may be asked to provide other documentation in addition to the list on page one if the situation requires it.

The purpose of this program is to provide emergency and temporary financial assistance for basic living needs such as rent, utilities, food, etc. Other needs will be considered on a case by case basis. While you may ask for help with a specific need, the Commission will determine what assistance may be granted.

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 you may be denied further assistance if you fail to do so.

Office appointment - A caseworker will complete 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 Services Commission usually on a bi-weekly basis at their regularly scheduled meetings. Your caseworker can tell you when your application will be reviewed. Emergency situations (i.e. utility shut offs, evictions, etc.) **may** be reviewed sooner, but require three work days.

Receiving your grant – You may call the office the **DAY AFTER** the meeting to find out the decision. If approved, any payments will be **MAILED** to you or your creditors unless other arrangements have been made and approved by the Commission. Please do not come to the office without calling first for preapproval for pick up.

If you need further assistance – ***An application must be completed each time you need assistance.*** Please call the office to schedule an appointment as soon as you believe you may need help.

Please see the enclosed Formal Rules for eligibility requirements and other important information regarding the administration of the program.

LAKE COUNTY VETERANS SERVICE COMMISSION
FORMAL RULES FOR FINANCIAL RELIEF APPLICATIONS
Adopted July 21, 1994 - Current Revised Version, April 6, 2016

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 thirty (30) day period 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.
12. Only the Veterans Service Commission may approve an emergency grant. The Executive Director may authorize food or gas cards in an emergency only.
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].

Lake County Veterans Service Commission
Formal Rules (Continued)
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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. This includes, for example, but is not limited to, withdrawals from bank accounts, investment accounts, ATM withdrawals and any other cash-type transactions; such transactions must be explained and supported with written documentation, which may include receipts, bills evidencing payments, affidavits or other forms of proof establishing the expense made, all to the satisfaction of the Commission.
22. An applicant's repeated failure to appear for scheduled appointments, or repeated failure to appear without the requested documentation, may result in scheduling sanctions.
23. The Veterans Service Commission may suspend a Formal Rule at its sole discretion where the same is not contrary to law.

Adopted July 24, 1994
Present Version Dated October 10, 2013
Amendment(s) Presented February 10, 2016 through
April 6, 2016
Amendments Adopted April 6, 2016/JRW

File Location (1 of x):

veterans/016 Files rename Common in 2016/2016 Financial Assistance/Formal Rules Amended 2016

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 <input type="radio"/> No <input type="radio"/>		Where:	Are you registered with ODJFS? Yes <input type="radio"/> No <input type="radio"/>
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 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
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. Please return the completed form to the Veterans Services Commission. If the Lake County Auditor does not list you as a vendor, you cannot be paid without completing the **enclosed Vendor Information Form**. It will only need to be done once.

Name of Financial Assistance Applicant: _____

Full Address of the premises occupied by the above named 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

I certify that I understand that the above named applicant is liable and responsible for payment of any rent due me and I understand 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 to the best of my knowledge. .

Signature _____ Printed Name _____ Date _____ Phone Number and fax number _____

For Lake County Auditor's Use Only

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:

FAX

"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 VETERANS
c/o Vendor Updat
105 MAIN STREET
PAINESVILLE, OHIO 44077

Ph: 440-350-2904

Fax: 440-350-5980