

LAKE COUNTY VETERANS SERVICES
EMERGENCY FINANCIAL ASSISTANCE APPLICATION

440-350-2904

The Lake County Veterans Service Commission (VSC) provides EMERGENCY financial assistance on a TEMPORARY basis for basic living expenses such as: rent or mortgage, utility bills, food, etc. Other needs may be considered on a case-by-case basis. The assistance is available to veterans, survivors, or dependent children.

ELIGIBILITY:

- The veteran is required to have active federal service for other than training purposes and have been discharged under honorable conditions. Proof of service (DD 214) is required.
- The applicant must have 3 months of residency in Lake County immediately preceding the date of application. Proof of residency is required.
- A definite financial need must be demonstrated. The Lake County Veterans Service Commission considers many factors when determining financial need including but not limited to, income, living expenses, and liquid assets.

FOR PROMPT PROCESSING, ALL APPLICATIONS SHOULD BE RECEIVED BY THURSDAY OF EACH WEEK.

Complete applications will take 10 – 14 business days for processing.

Applications will not be reviewed until all required documentation is received.

Failure to provide all necessary documentation will significantly delay any possible assistance.

REQUIRED DOCUMENTATION:

If you have not received assistance in the past, please provide the following:

- | | |
|--|---|
| <input type="checkbox"/> DD 214 (must be under honorable conditions) | <input type="checkbox"/> Birth Certificates and Social Security cards |
| <input type="checkbox"/> Photo ID (issued by government agency) | for all dependents, |
| <input type="checkbox"/> Marriage License | <input type="checkbox"/> Veteran's Death Certificate |
| <input type="checkbox"/> Divorce and child custody documents | |

ALL APPLICANTS MUST PROVIDE ALL OF THE FOLLOWING:

- Completed and signed enclosed application and Release of Information.

PROOF OF INCOME FOR THE LAST 30 DAYS FOR ALL ADULTS IN THE HOME:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Paystubs | <input type="checkbox"/> Retirements/Pensions | <input type="checkbox"/> Social Security/VA benefits, etc. |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Workers Comp/Disability insurance |
| <input type="checkbox"/> SNAP/OWF | <input type="checkbox"/> Any other income received in the last 30 days (IRS refunds, loans, etc.) | |

DETAILED BANKING TRANSACTIONS FOR ALL ACCOUNTS FOR LAST 30 DAYS-MUST SHOW CURRENT BALANCE:

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.

CURRENT BILLS FOR ALL EXPENSES: Provide the entire bill showing account number and mailing address for the company.

- | | |
|--|---|
| <input type="checkbox"/> Rent - enclosed Landlord Statement and Vendor Information Form completed by landlord/manager. | |
| <input type="checkbox"/> All utility bills and cable, phones, etc. | <input type="checkbox"/> Mortgage-current statement |
| <input type="checkbox"/> All loans (car, personal, etc.) and Credit cards | <input type="checkbox"/> Insurance payments (car, home, health) |
| <input type="checkbox"/> Any other expenses (emergency repairs, etc.) | |

AND ANY OTHER INFORMATION REQUESTED BY THE VETERANS SERVICE COMMISSION.

FOR PROMPT PROCESSING, ALL APPLICATIONS SHOULD BE RECEIVED BY THURSDAY OF EACH WEEK.

The application form, release, and all supporting documentation may be sent:

via email to veteransservices@lakecountyohio.gov

OR Faxed to 440-350-5980

OR Via US Mail to Lake County Veterans Services, 105 Main St., Painesville, OH 44077

OR Dropped off at our offices in the Lake County Administration Center, Bldg C. 6/2021

**LAKE COUNTY VETERANS SERVICE COMMISSION
FINANCIAL ASSISTANCE APPLICATION/STATISICAL DATA SHEET**

Date of Application

This applicaton must be completed by answering all questions

(Note: Disclosure of Social Security Account Numbers is voluntary, but failure to provide such information my affect your application for financial assistance.) Social Secutiy 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) | | | | Home Phone: | |
| | | | | | Cell Phone: | |
| | | | | | Email: | |
| 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: | Relationship to veteran: | | Date of Birth: | SSN: | |
| 9 | Address: | | | City | State | Zip |
| | | | | Home Phone: | | |
| | | | | Cell: | | |
| | | | | Email: | | |
| 10 | Name of current landlord/mortgage co. | | Telephone (area code) | | Fax # (area code) | |
| MILITARY SERVICE (MUST HAVE PROOF OF SERVICE) | | | | | | |
| 11 | 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 | | | | | | |
| 12 | 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 | | | | | | |
| 13 | Does anyone else live in your household? (if yes, please give name and explain) | | | Yes | No | |
| 14 | Has anyone in your household ever applied for assistance from any other agency in the last thirty(30) days? (if yes, please explain) | | | | | |
| | Agency: | | | Assistance: | | |
| | Agency: | | | Assistance: | | |

(Turn over and complete other side)

| 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 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 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)
Page Two (2)

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

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:

- | | |
|----------------------------------|-------------------------------|
| 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 _____

LAKE COUNTY VETERANS SERVICE COMMISSION
105 Main Street, Painesville, OH 44077
(440) 350-2904 Fax (440) 350-5980 email: veterans@lakecountyohio.gov
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. **YOU MUST ALSO COMPLETE THE REVERSE SIDE OF THIS FORM. NO PAYMENT WILL BE ISSUED WITHOUT THIS INFORMATION.**

Signature Printed Name Date

Phone Number _____ Fax Number _____ Email Address _____
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.

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: () _____

“REMIT TO” ADDRESS (If different from above):

STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP CODE: _____

TYPE OF BUSINESS (Please check one):

_____ Corporation _____ Non-Profit Organization
_____ Partnership _____ Limited Liability Company (LLC) (files as a C or S corp)
_____ Sole Proprietor (individual) _____ Limited Liability Company (LLC) (files as a Partnership)
_____ Government

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)

EMPLOYEE IDENTIFICATION NUMBER: _____

OR

SOCIAL SECURITY NUMBER: _____

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 US citizen or other US person.

NAME: (signature required) _____

TITLE: _____

DATE: _____

**** PLEASE RETURN TO:

c/o Vendor Updates
105 Main Street
Painesville OH 44077