LAKE COUNTY VETERANS SERVICE OFFICE

105 Main St., (Lake County Administration Center, Bldg. C), Painesville, OH 44077
(440) 350-2904/2567 Fax (440) 350-5980/5979
veterans@lakecountyohio.gov

EMERGENCY FINANCIAL ASSISTANCE APPLICATION PACKET

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. While you may ask for help with a specific need, the Commission will determine what assistance may be granted. The assistance is available to veterans, survivors, or dependent children. 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.

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.

HOW TO APPLY:

1. Please review the enclosed Formal Rules.
2. Complete and sign the enclosed application and Release of Information Forms.
3. **Gather all of the required documentation listed on page 2 of this packet.** Failure to provide all of this documentation will significantly delay the review of your application and any possible assistance.
4. **When you have gathered all the documentation, call our office at 440-350-2904 to schedule an appointment to complete the application process. As of 8/1/2023 we will no longer accept applications via email or fax.**
5. At the office appointment, a caseworker will complete your application and discuss your situation. Bring all the required documentation including the application and Release. Your appointment should take approximately one hour; please plan accordingly. Whenever possible, we ask that you do not bring young children to the appointment.
6. All applications will be reviewed by the 5 members of the Lake County Veteran Service Commission. It may take 5 business days or longer to receive a decision. Emergency situations (i.e. utility shut offs, evictions, etc.) ***may*** be reviewed sooner.
7. 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 of pick up.
8. **An application must be completed each time you need assistance.** Please call the office for an application packet and to schedule an appointment as soon as you believe you may need help.

REQUIRED DOCUMENTATION

We understand that you may manage your finances, etc. on-line, however; **WE MUST HAVE LEGIBLE, PAPER COPIES OF ALL DOCUMENTATION. We cannot accept screen shots from your phone.** Due to the number of applications we are processing, our staff will not 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 computers and printers available for your use. Please come at least 30 minutes prior to your appointment to print your documents. Bring your user IDs and passwords. Your local library may also provide this help. Thank you for your understanding.

1. IF YOU HAVE NOT APPLIED FOR ASSISTANCE BEFORE, PLEASE PROVIDE:

☐DD 214 (Separation/Discharge-much show character of discharge and dates of entry & separation
☐Photo ID for all adults, issued by a government agency
☐Marriage License ☐Birth certificates and Social Security cards for all dependents
☐Veteran's Death Certificate ☐Divorce and child custody and support documents
☐If any adult is disabled, proof of disability and inability to work

2. PROOF OF ALL INCOME FOR THE LAST 30 DAYS

☐Paystubs/income from self-employment ☐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 letter)
☐ Any other income received in the last 30 days (loans, cash advances, IRS refunds, etc.)

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

☐Savings, checking accounts, and any debit card for on-line accounts (i.e. Direct Express, Chime, Klarna, etc.).
If self-employed, business bank accounts, income tax returns, etc. **MUST** show name of bank and current balance. ****BANK STATEMENTS CANNOT BE OLDER THAN 5 DAYS-**it may be necessary to get on-line or a print out from the bank. **

4. CURRENT BILLS FOR ALL EXPENSES-Please provide the entire bill showing account number and mailing address for the company.

☐Rent- enclosed Landlord Statement and Vendor Information Form 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, cash advances etc.)
☐Credit cards ☐Insurance payments (car, home, health)
☐Any other expenses (emergency repairs, etc.) ☐Any other information requested

5. COMPLETED APPLICATION AND RELEASE OF INFORMATION FORMS (included in packet)

When you have gathered all the documentation, call our office at 440-350-2904 to schedule an appointment to complete the application process. As of 8/1/2023 we will no longer accept applications via email or fax.
Failure to provide all of this documentation will significantly delay the review of your application and any possible assistance.

LAKE COUNTY VETERANS SERVICE COMMISSION
FINANCIAL ASSISTANCE APPLICATION/STATISCAL 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 onyone 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:			

(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].

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 necessary to complete and verify my application for emergency financial assistance.

I also consent to Lake County Veterans Service Commission releasing information from my file that is pertinent to any other agency relative to my application for financial assistance. The Lake County Veterans Services Commission may, in the course of its duties, 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 are not limited to:

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

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

Previous & present landlords
Courts and Probation Departments
Law Enforcement Agencies
Support and alimony providers
State Unemployment agencies
Bureau of Workers Compensation
Medical and child care providers
Financial Institutions
Welfare agencies
Schools and colleges
Social Security
Utility companies
Past and present employers
Department of Veterans Affairs
Retirement systems
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
_____	_____	_____

CHRISTOPHER A. GALLOWAY
COUNTY AUDITOR
SECRETARY OF
BUDGET COMMISSION
BOARD OF REVISION

ADMINISTRATOR
DATA PROCESSING DEPT.

LAKE COUNTY ADMINISTRATION CENTER
105 MAIN ST.
P. O. BOX 490
PAINESVILLE, OHIO 44077-0490

440-350-2528
440-428-4348
440-918-2500
FAX: 440-350-2667

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):

Doing Business As (DBA) if applicable and different from name above:

PHYSICAL STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PAYMENT INFORMATION:

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

STREET ADDRESS: _____

CITY: _____ *STATE:* _____

ZIP CODE: _____

PHONE NUMBER: ( ) _____

EMAIL: _____ WEBSITE: _____

EFT BANKING INFORMATION:

BANK: _____

COMPANY NAME ASSOCIATED WITH THE ACCOUNT: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

TYPE (CHECKING OR SAVINGS): _____

ACCOUNTS RECEIVABLE EMAIL (IF DIFFERENT FROM ABOVE): _____

PHONE NUMBER FOR VERIFICATION: _____
(MUST BE FILLED OUT)

For Department Use Only:

Department verified bank information per phone call: ☐ Initials and date:

****COMPANY ACCOUNT NAME DOES NOT MATCH WHAT THE BANK HAS ON FILE YOU WILL BE PAID BY CHECK***. We must verify within AVS- Account validation Services system to be able to send payments electronically thru EFT/ACH method. Not all banks are utilizing this new system but more are coming online every day. If your bank does not participate and Lake County cannot verify your account; you can reach out to the bank to see if they are utilizing this new system built through the NACHA system, and if they aren't, you can request to get their bank to participate. Because fraud is rampant within local governments, we must take every step to protect ourselves.*

TYPE OF BUSINESS (Please check one):

_____ *Corporation* _____ *Non-Profit Organization* _____ *Government*

_____ *Partnership* _____ *Limited Liability Company (LLC) (files as a C or S corp)*

_____ *Sole Proprietor (individual)* _____ *Limited Liability Company (LLC) (files as a Partnership*

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 ID NUMBER: _____ 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) _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

FOR COUNTY USE ONLY: TO BE FILLED OUT BY COUNTY ENTITY SUBMITTING THE VENDOR REQUEST: The Vendor described above is not subject to an "unresolved" findings for recovery under ORC 9.24, as verified at the State of Ohio Auditor's Website: https://ohioauditor.gov/findings.html.

Signature: _____ Name: _____

Department: _____ Date: _____

****Disclaimer*****

It is the responsibility of each department to ensure the accuracy and integrity of all vendor data. If any information is noted incorrect when verification happens thru Chase; it is the responsibility of the department to call and speak to the vendor directly to verify that all information is correct.

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 PROCESCUTION 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.