

WEBSTER COUNTY VETERANS AFFAIRS
“County Assistance Application”

Veteran’s Name: _____ Telephone Number: _____
Address: _____ Social Security Number: _____

What is your Emergency Situation that requires financial assistants: _____

Request Assistance For: Rent _____ Utilities _____ Burial _____ Transportation _____

<u>Monthly Household Income:</u>	<u>Your Income</u>	<u>Others in Household</u>
Employment	\$ _____	\$ _____
Child Support / Alimony	\$ _____	\$ _____
Rental Assistance	\$ _____	\$ _____
Social Security or Disability	\$ _____	\$ _____
Supplemental Security Income	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Worker’s Compensation	\$ _____	\$ _____
Total Monthly Income:	\$ _____	\$ _____

Prior Year Employment History:

<u>Employer</u>	<u>Job Title</u>	<u>Location (town)</u>	<u>From: Mo/Yr</u>	<u>To: Mo/Yr</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List All Members Living in the Household: (include relatives and / or roommates):

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Have you applied elsewhere for any type of assistance in the last six months? Y or N
Have you voluntarily quit a job in the last 90 days? Y or N
Are all able-bodied household members registered with Workforce Development? Y or N
Are you receiving child support? Yes-Amount _____ No _____
Are you receiving food stamps? Y or N

I understand I assume full responsibility for the accuracy of the statements on this form and I understand the County Veterans Department will use these statements to determine my eligibility. I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons (doctors, employers, department of human services, food stamp certifiers, cashiers, bankers etc.) to release information concerning my personal situation to the Webster County Veterans Affairs Department, if it deems such information is necessary. Applicants will receive a written notice of eligibility determination within 30 days.

Applicants Signature: _____ **Date Signed:** _____

WEBSTER COUNTY VETERANS AFFAIRS
“Landlord Rental Statement”

Landlords Name: _____

Address: _____

Landlords Phone Number: _____

Landlords Tax ID or Social Security Number: _____

Issue Check To: _____

Mail Check To: _____

Tenants Name: _____

Rental Address: _____

Rental Assistance Needed for What Month / Year:

Month: _____ Year: _____

Rent Amount: _____

Landlords Signature: _____ Date: _____