WEBSTER COUNTY VETERANS AFFAIRS

"County Assistance Application"

First/Middle/Last Name: _____

Address: _____

Telephone Number: _____ Social Security Number: _____

Landlord First/Last Name: _____

Landlord Address: _____

Landlord Phone Number: _____ Rent Amount: _____

Request Assistance For:

Burial ____ / Medications ____

Rent ____ / Transportation ____

Utilities ____

Military Record:

Branch of Service _____

Discharge Type _____

Dates of Service _____

Monthly Household Income:

	Your Income	Others in Household
Employment	$_____	$_____
Child Support / Alimony	$_____	$_____
Rental Assistance	$_____	$_____
Social Security or Disability	$_____	$_____
Supplemental Security Income	$_____	$_____
Unemployment	$_____	$_____
Veterans Benefits	$_____	$_____
Worker's Compensation	$_____	$_____
Total Monthly Net Income:	**$_____**	**$_____**

Prior Year Employment History:

Employer	Job Title	Location (town)	From: Mo/Yr	To: Mo/Yr

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

Name	Relationship

Have you applied elsewhere for any type of assistance in the last six months? Y/N: ____

Have you voluntarily quit a job in the last 90 days? Y/N ____

Are all able-bodied household members registered with Workforce Development? Y/N: ____

Are you receiving child support? Yes-Amount _____ No ____

Are you receiving food stamps? Y/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: _____

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"Landlord Rental Statement"

Name Check Should Be Issued To: _____

Address Check Should Be Mailed To: _____

_____

Landlords Tax ID or Social Security Number: _____

****

Contact Person: _____

Address: _____

_____

Phone Number: _____

****

Tenant Name: _____

Rental Address: _____

_____

****

Rental Dates:

From: _____/_____/_____ To: _____/_____/_____

Rent Amount: _____

Landlords Signature: _____ Date: _____