



Columbia County Veterans Service Commission

Financial Assistance Application

First, Middle, Last Name of Applicant:		Current Address of Applicant:	
Social Security Number:		WI Driver's License Number:	
Telephone Number(s):	Date of Birth:	Years/Months at Address:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Not Married
First, Middle, Last Name of Spouse/Partner:		Current Address of Spouse/Partner:	
Social Security Number:		WI Driver's License Number:	
Telephone Number(s) of Spouse/Partner:		Name and Age of Dependent Children:	
Spouse/Partner Date of Birth:	Date of Marriage:		

EMPLOYMENT HISTORY FOR APPLICANT AND SPOUSE/PARTNER (for the past 2 years)

Employer Name, Address, Phone Number	Dates of Employment	Type of Work and Last Pay Check
APPLICANT'S EMPLOYMENT		
1.	From <input type="text"/> To <input type="text"/>	Type of Work: <input type="text"/> Last Pay Check Date: <input type="text"/> Amount: <input type="text"/>
2.	From <input type="text"/> To <input type="text"/>	Type of Work: <input type="text"/> Last Pay Check Date: <input type="text"/> Amount: <input type="text"/>
SPOUSE'S/PARTNER'S EMPLOYMENT		
1.	From <input type="text"/> To <input type="text"/>	Type of Work: <input type="text"/> Last Pay Check Date: <input type="text"/> Amount: <input type="text"/>
2.	From <input type="text"/> To <input type="text"/>	Type of Work: <input type="text"/> Last Pay Check Date: <input type="text"/> Amount: <input type="text"/>

INCOME, EXPENSES AND CHECKING/SAVINGS INFORMATION FOR HOUSEHOLD

Monthly Income	Applicant	Spouse or Partner	Other Members of Household	Monthly Expenses	Amount
Gross Amount				Rent/Mortgage	
Deductions	=====			Food	
-- Taxes (State/Federal)				Utilities/Heat	
-- Retirement/IRA				Phone(s)	
-- Social Security (FICA)				Child Support	
-- Other				Alimony	
Total Deductions				Other Expenses:	
Net Take Home Pay				-----	-----
VA, Social Security, or Other Income (specify)				-----	-----
Food Share				-----	-----
Unemployment				-----	-----
Monthly Net Income				-----	-----
				Installment Payments	
				Other Debts	
				Monthly Total Expenses	

Do you or spouse/partner own a checking account? <input type="checkbox"/> No <input type="checkbox"/> Yes, Bank: _____ Balance: _____	Do you or your spouse/partner own a savings account? <input type="checkbox"/> No <input type="checkbox"/> Yes, Bank: _____ Balance: _____
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First, Middle, Last Name of Applicant:	First, Middle Last Name of Spouse/Partner:
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Explain the reason(s) financial assistance is being applied for:

FINANCIAL ASSISTANCE IS REQUIRED FOR: (List in Priority Order):

Owed To (Name, Address and Phone Number):	Amount Owed:	Date Due:
1.		
2.		
3.		
4.		

Explain your plan(s) to resolve this financial situation in the near/long term to prevent a recurrence:

ADDITIONAL BACKGROUND INFORMATION

Have you applied for financial assistance from the Columbia County Veterans Service Commission in the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you applied for financial assistance from another County Veterans Service Commission in the past 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes, from _____ County.
Have you applied for assistance at Salvation Army? <input type="checkbox"/> No <input type="checkbox"/> Yes, Result: _____	Have you applied for assistance with St Vincent DePaul? <input type="checkbox"/> No <input type="checkbox"/> Yes, Result: _____
Have you applied for assistance at Good Will? <input type="checkbox"/> No <input type="checkbox"/> Yes, Result: _____	Have you applied for assistance with other organizations? <input type="checkbox"/> No <input type="checkbox"/> Yes, Result: _____
Have you applied for assistance with Energy Assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes, Result: _____	Have you applied for Worker's Comp. or Unemployment? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____
Do you or your spouse/partner owe any past-due tax bills? <input type="checkbox"/> No <input type="checkbox"/> Yes, to: _____	Were you awarded benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
Do you or your spouse/partner owe unpaid court bills/fines? <input type="checkbox"/> No <input type="checkbox"/> Yes, to: _____	Do you or your spouse/partner owe any unpaid child support? <input type="checkbox"/> No <input type="checkbox"/> Yes, to: _____
Do you or your spouse/partner have a pending court case? <input type="checkbox"/> No <input type="checkbox"/> Yes, Type: _____	Do you or your spouse/partner expect any court settlements? <input type="checkbox"/> No <input type="checkbox"/> Yes, for: _____

APPLICANT'S AND SPOUSE'S/PARTNER'S CERTIFICATION STATEMENT

I/we the undersigned certify that the information on this application form is true and correct to the best of my/our knowledge and that it is being submitted for a bona fide financial need at this time. I/we fully understand that any misrepresentation or falsification of any information will render me/us ineligible for the financial assistance being applied for. By signing this form, I/we give permission to the Columbia County Veterans Service Officer to obtain personal information from other agencies. I/we also make the promise to attempt repayment of these funds, if possible, to assure future availability for other future applicants.

Applicant Signature:	Date:	Spouse/Partner Signature:	Date:
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===== OFFICE USE ONLY =====

DD Form 214: _____ Honorable: _____ Court Search: _____ Taxes: _____ Child Support: _____ Alimony: _____

Funds Granted: No, Reason: _____ Yes, Amount: _____ Date: _____

VSC Commissioner Signatures: _____, _____, _____.

CVSO Signature: _____ (in lieu of Commissioners, after telephone consultations).