

Columbia County Veterans Relief Fund

APPLICATION FOR ASSISTANCE

Return this application to:

Columbia County Veterans Service Office

112 E Edgewater St

Portage, WI

Fax: 608-742-9634

Email: veterans@co.columbia.wi.us

SSN		
Last Name	First Name	MI

Branch	Entrance Date	Exit Date	Character of Discharge
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Applicants must submit a copy of a valid WI Driver's License, Identification Card or some other proof of Columbia County, Wisconsin residency.		
<i>Columbia County resident for at least two (2) months prior to application?</i> Circle one: Yes No		
Street Address		Apt. #
City	State	Zip Code
Telephone Number		

Married _____ Divorced _____ Widow/Widower _____ Separated _____ Never married _____
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Spouse SSN		
Spouse Last Name	Spouse First Name	MI

List all other people living in the home even if you are not applying for benefits for them.
 Attach a separate sheet if necessary. A birth certificate or other evidence for family members is required for anyone applying for assistance.

Name (Last, First, MI)	Date of Birth	Sex	Relationship to you

Note: You must list ALL money from ANY source. List the GROSS amount.

	Veteran	Spouse
Source of Income PER MONTH		
Social Security, any type		
SS received on behalf of dependents		
VA Compensation		
VA Pension		
Military Retirement		
Public Assistance		
Private Pension/Other Retirement		
Child Support Received		
Spousal Support Received		
Worker's Compensation		
Unemployment Insurance		
Earned Wages/Employment Income		
Self-Employment Income		
Rental Income		
Short Term and/or Long Term Disability		
IWT and/or CWT from VA Medical Center		
ANY other Money from ANY Source (Explain in VSO Remarks)		
Total Monthly Household Income		

Are you currently employed? Yes No	If no, what is your usual occupation?	
What is the date you last worked?	How often are you paid?	
Name of Employer	Telephone Number	
Address of Employer	City & State	Zip Code
Are you self-employed? Yes No	What is your business?	
Do you receive any continuing income from the business? Yes No	If yes, what amount?	

Spouse currently employed? Yes No	If no, what is their usual occupation?	
What is the date they last worked?	How often are they paid?	
Name of Employer	Telephone Number	
Address of Employer	City & State	Zip Code
Are they self-employed? Yes No	What is their business?	
Do you receive any continuing income from the business? Yes No	If yes, what amount?	

___ 3 Months bank statements

___ Last 3 pay stubs

___ Mortgage statement