



Cuyahoga County Veterans Service Commission

Ph: 216.698.2600 • Fax: 216.698.2650

Email: vscmail@cuyahogacounty.us

1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

Financial Assistance Application

Financial Assistance is a County benefit that offers hardship relief to qualified Veterans and their dependents

1. What is the Veterans Name? _____
2. What is the spouse's / widow's name? _____
3. Do you have your DD214? (Circle one answer) YES NO
4. Provide the Veterans Social Security number. _____
5. Provide the spouse/ widow's Social Security number. _____
6. Provide the Veterans birth date: _____
7. What is the spouse's / widow's birth date? _____
8. Please provide the phone number to be used with this application. _____
9. Please provide the applicant 's home address:

10. When did the applicant move in to this address? _____
11. What is your email address? _____

If you are not the Veteran, please complete the questions listed below.

1. What is your name? _____
2. What is your phone number? _____
3. What is your relationship to the Veteran? _____

Please use the space below to provide the VSC with the reason for your visit today.

You will receive a call from 216-698-2600 in 24-48 hours from our staff to assist with your FA application.

HARDSHIP FORM

Please complete the information below detailing your temporary financial hardship.



Have you experienced any of the following?

Loss of income

- Loss of overtime
- Time-off without pay
- Layoff, termination, quit employment
- Garnishment
- VA or Social Security overpayment
- Loss of Social Security or VA payment
- Other (specify): _____

Increase in expenses

- Home repair (completed or not)
- Car Repair (completed or not)
- Medical Bill (paid or unpaid)
- Other (specify): _____

Do any of these circumstances apply?

- Victim of robbery/theft
- Fire
- Unexpected medical situation
- Pay Day Loan

What assistance are you requesting today?

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Rent/Mortgage | <input type="checkbox"/> Food | <input type="checkbox"/> Furniture | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Gas Utility | <input type="checkbox"/> Clothing | <input type="checkbox"/> Home repair | |
| <input type="checkbox"/> Electric Utility | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Car repair | _____ |
| <input type="checkbox"/> Water/Sewer Utility | <input type="checkbox"/> Household goods | | |

Name (Print): _____ Signature: _____ Date: _____

Please use this space below to provide us with any additional details concerning your temporary hardship.



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FINANCIAL ASSISTANCE CHECKLIST

Basic Information for ALL Claims

- DD-214 (all if multiple discharges)
- Proof of 90-day residency in Cuyahoga County (utility bills, shelter letter, etc.)
- State ID or Driver's License
- Social Security Card
- Household Verification Form (reverse side of this form) and lease
- Documents verifying name change

Income and Asset Information (last 60 days)

- Payroll check stubs or wage reports
- Unemployment compensation documentation
- VA Pension or Compensation documentation
- Social Security Income/Disability documentation
- Retirement payments received (PERS/FERS, union or company pensions)
- If self-employed, monthly profit and loss statements or quarterly estimated payments for taxes
- Verification of all other types of income (rental income, child support, public assistance, worker's compensation, etc.)

Expense and Liability Information (last 60 Days)

- Checking, savings, debit, Direct Pay Debit and credit union account activity
- Estimates/receipts for unexpected expenses
- Medical, vision, and dental bills
- Current mortgage statement or lease
- All current utility bills
- Verification of all other expenses (auto payment, auto/home/health/life insurance, auto/home repairs, credit card statements, etc.)

Dependents

- Social Security Card(s)
- Marriage certificate / Divorce Decree / Separation Statement (if Applicable)
- Birth and death certificates (if applicable)
- Custody / Adoption paperwork (if applicable)

Other

- Current letter from medical physician if unable to work
- Police and fire reports (if applicable)

A Note on Fraud: Submission of any false information during the application process may lead to criminal prosecution, as well as automatic rejection of the application for aid. Every applicant seeking financial assistance from the Veterans Service Commission will be required to sign a statement indicating that all information submitted on the application is truthful and accurate. Clients who submit fraudulent case information may be prohibited for all future Veteran Service Commission assistance.

FINANCIAL ASSISTANCE QUESTION? CALL 216-698-2600

The Cuyahoga County Veterans Service Commission provides a wide variety of other services to area veterans and their dependents. Please contact us at 216-698-2600 to receive an informational brochure. As a veteran, you have served your nation, state and county. In your time of need, please call upon your fellow veterans at the Cuyahoga County Veterans Service Commission if we can be of assistance.

Our hours of operation are Monday-Friday from 8:00 a.m. – 4:00 p.m.



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Household Verification Form

Must be completed by the landlord or owner

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Tenant's Name _____

Address _____

City _____ Zip Code _____ Phone Number _____

Rent/Mortgage (monthly):

Entire Household: \$ _____ Tenant: \$ _____ Subsidized: \$ _____ Due Date: _____

Move in date (if not already moved in): _____

Is a security deposit due? Yes No How much: \$ _____

Who does the tenant pay rent to? _____
(Name of Business or Landlord/Proprietor)

Last date that rent was paid? _____

Total RENT due: \$ _____ Late Fees due: \$ _____ TOTAL DUE: \$ _____

Are any utilities included in rent? Yes No Which utilities? Gas Electric Water/ Sewer

Does tenant pay landlord for any utilities in addition to rent? Yes or No

How much owed (current month)?

Gas \$ _____ Electric \$ _____ Water/Sewer \$ _____

List all people who now reside at this address:

First and last name	Relationship to applicant	Date moved in
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person filling out this form: Landlord Property Owner HUD/VASH (Initial Move-in Only)

Print Name: _____

Signature: _____

Landlord Address: _____

Landlord Phone: _____ Date: _____

Must be completed by the landlord or owner

Must be completed by the landlord or owner