



## VETERANS SERVICE COMMISSION

Ph: 216.698.2600 • Fax: 216.698.2650

Email: [vscmail@cuyahogacounty.us](mailto:vscmail@cuyahogacounty.us)

1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

Welcome!

The Commissioners of the Cuyahoga County Veterans Commission wish to assist you in your time of need. We are attempting to make the process as easy and painless as possible.

We understand that there are times when situations occur and help is needed. However, it must be understood that this assistance is for **EMERGENCIES ONLY**.

If, during your application process, you feel that you were not assisted in a positive and professional manner, please fill out a comment card (or visit <https://cuyahogavets.org/contact-us/#Feedback>). We cannot make corrections or improvements if we do not know that problems exist.

If you feel that you were assisted in a manner that deserves a compliment, you can note that on a comment card also.

Respectfully,

Commissioners  
Executive Director  
Staff



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### INSTRUCTIONS

Welcome to the Cuyahoga County Veterans Service Commission

You are here to file for financial assistance, utility assistance, or food.  
We will do our best to assist you.

Please understand that we must follow the Ohio Revised Code (O.R.C.) when issuing assistance. The O.R. C. also requires that you meet certain requirements to be eligible to receive assistance.

This packet contains the application and instructions explaining what you will need to provide to the Cuyahoga County Veterans Service Commission when you apply for assistance from us.

When you have completed the application and have all the required supporting document, please visit our office at 1849 Prospect Ave, Suite 150 or visit [CuyahogaVets.org/Intake](http://CuyahogaVets.org/Intake) to begin the application process.

If you have any questions about filling out any part of the application, leave the area blank and one of us will help you.

We are here to assist those in need. This assistance is for

### **EMERGENCIES ONLY.**

In order to be able to assist you, you must provide proper documentation.



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# FINANCIAL ASSISTANCE CHECKLIST

### Basic Information

- 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 (not the license) / 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.**

**COUNTY VETERANS SERVICE COMMISSION  
FINANCIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET**

This application must be completed by answering all questions.

(Note: Disclosure of Social Security account numbers is voluntary, but failure to provide such information may affect your application for financial assistance.  
Social Security numbers are used as secondary identifiers to determine an applicant's eligibility for assistance.)

DATE: \_\_\_\_\_

1. **Veteran's Name:** \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) SSN: \_\_\_\_\_

2. **Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_ **Date of Marriage:** \_\_\_\_\_ **Date of Divorce/Separation:** \_\_\_\_\_

3. **Spouse (Maiden Name if Applicable)** \_\_\_\_\_ **Spouse SSN:** \_\_\_\_\_ **Spouse Date of Birth:** \_\_\_\_\_

Note: Common law marriages are recognized in Ohio only if they were established prior to October 10, 1991.

4. **Date Established Residency in this County:** \_\_\_\_\_ **Phone Number :** (\_\_\_\_) \_\_\_\_\_

5. **Veteran's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **How long at address:** \_\_\_\_\_  
\_\_\_\_\_ **Phone number (\_\_\_\_):** \_\_\_\_\_

6. **Name & Address of Landlord/Mortgage Company:** \_\_\_\_\_

7. **Previous Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **How long at address:** \_\_\_\_\_

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**IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:**

8. **Name:** \_\_\_\_\_ **Relation to Veteran:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

9. **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **Phone number (\_\_\_\_)** \_\_\_\_\_

**MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)**

10. **Date From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Type of Discharge:** \_\_\_\_\_ **Branch of Service:** \_\_\_\_\_  
Verified (Office Use Only):

**Date From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Type of Discharge:** \_\_\_\_\_ **Branch of Service:** \_\_\_\_\_  
Verified (Office Use Only):

**DEPENDENTS – PROOF OF DEPENDENCY REQUIRED**

<b>11. Names:</b>	<b>How related:</b>	<b>SSN of Dep:</b>	<b>Date of Birth:</b>	<b>In Custody Of whom</b>	<b>Support Y/N</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. Does anyone else live in your household? Yes No 13. Has anyone in your household applied for assistance from any other agency in the last 30 days? Yes No (List Agencies)

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<u>EMPLOYMENT</u>	VETERAN	SPOUSE	OTHER
14. Name:	_____	_____	_____
Address:	_____	_____	_____
Dates:	_____	_____	_____
Rate of Pay:	_____	_____	_____

- 15. ARE YOU SEEKING EMPLOYMENT? YES/ NO
- 16. HAVE YOU FILED FOR UNEMPLOYMENT BENEFITS? YES/NO
- 17. HAVE YOU FILED FOR DISABILITY BENEFITS? YES/NO
- 18. IF NOT SEEKING EMPLOYMENT, EXPLAIN WHY: \_\_\_\_\_

<u>ASSETS:</u>	
<u>TYPE</u>	<u>VALUE</u>
Checking	_____
Savings	_____
Home	_____
Other Property	_____
Vehicles	_____
Savings/CD	_____
IRA/401 K	_____

**I understand that false statements made on this application may lead to prosecution.**

**I have completed and /or reviewed all information pertaining to my application for financial assistance**

**And I certify that it is correct to the best of my knowledge.**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Signature