

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.



Cuyahoga County Veterans Service Commission

Ph: 216.698.2600 • Fax: 216.698.2650

Email: vsccmail@cuyahogacounty.us

1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

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, cash app, and credit union account activity (for the last 60 days)
- 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.

Must bring ALL APPLICABLE documents to complete a financial assistance application

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VETERANS SERVICE COMMISSION

1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

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Email: vsccmail@cuyahogacounty.us

HOUSEHOLD VERIFICATION FORM

Tenant's Name _____

Address _____

City _____ Zip Code _____ Phone Number _____

Rent/Mortgage (monthly):

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

Entire Household: \$ _____ Tenant: \$ _____ Subsidized: \$ _____ Other Occupants: \$ _____

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

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)

What is your relationship to the Veteran?

(i.e. Parent, Sibling, Cousin, Friend, No Relationship, Self)

Print Name: _____

Signature: _____

Landlord/Owner Address: _____

Landlord/Owner Phone: _____ Date: _____

W-9 MUST BE COMPLETED AND SIGNED BY LANDLORD.

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THIS BUDGET SHOULD INCLUDE EXPENSES AND INCOME FOR ALL ELIGIBLE DEPENDENTS

HOUSING

- _____ RENT/MORTGAGE PAYMENT
- _____ 2ND MORTGAGE/HOME EQUITY
- _____ INSURANCE/CONDO/HOA FEES
- _____ RENT/MORTGAGE LATE FEES
- _____ ELECTRIC BILL
- _____ GAS/HEATING/FUEL OIL
- _____ WATER/SEWER BILL
- _____ PHONE (CELL AND LANDLINE)
- _____ INTERNET SERVICE
- _____ CABLE/SATELLITE
- _____ HOME REPAIR
- _____ OTHER (FURNITURE/STORAGE/ETC)

FOOD & INCIDENTALS

- _____ GROCERIES / SCHOOL LUNCHES
- _____ HYGIENE/TOILETRIES
- _____ CLEANING SUPPLIES
- _____ OTHER HOUSEHOLD ITEMS

AUTOMOBILE/TRANSPORTATION

- _____ 1ST CAR PAYMENT
- _____ 2ND CAR PAYMENT
- _____ GASOLINE
- _____ ID CARD/REGISTRATION
- _____ CAR REPAIR/MAINTENANCE
- _____ PUBLIC TRANSPORTATION/TAXI
- _____ AUTO INSURANCE

HEALTH EXPENSES (ALL DEPENDENTS)

- _____ HEALTH/MEDICATION INSURANCE
- _____ MEDICAL/DENTAL/VISION
- _____ MEDICATION

CHILDREN/SPOUSE EXPENSES

- _____ DAYCARE
- _____ SCHOOL SUPPLIES/ TUITION
- _____ CHILD SUPPORT PAYMENTS
- _____ DIAPERS/FORMULA/LAYETTE
- _____ CLOTHING/SHOES
- _____ SPORTS/EXTRACURRICULAR
- _____ SPOUSAL SUPPORT
- _____ OTHER

PAYDAY/CASH LOANS (ALL ACTIVE ACCOUNTS LAST 30 DAYS)

- _____ 1ST LOAN
- _____ 2ND LOAN

RECREATION EXPENSES

- _____ EATING OUT/ORDERING IN
- _____ THEATER/VIDEO RENTAL
- _____ LOTTERY/CASINO/BINGO
- _____ CIGARETTES/TOBACCO
- _____ OTHER

MISCELLANEOUS EXPENSES

- _____ HAIRCUT/NAILS
- _____ LIFE INSURANCE
- _____ ADULT EDUCATION
- _____ CHURCH/CHARITY
- _____ ADULT CLOTHING
- _____ OTHER (FINES/LEGAL FEES/ETC)

CREDIT CARDS

- _____ 1ST CARD
- _____ 2ND CARD
- _____ 3RD CARD
- _____ 4TH CARD

TAXES/LOANS

- _____ INCOME TAX
- _____ PROPERTY TAX
- _____ PERSONAL / STUDENT LOANS

MONTHLY INCOME

- _____ WAGES/EARNING/MILITARY PAY
- _____ UNEMPLOYMENT
- _____ WORKER'S COMP
- _____ CHILD / SPOUSAL SUPPORT
- _____ VA INCOME
- _____ SOCIAL SECURITY (Type: _____)
- _____ SCHOOL INCOME (STUDENT LOANS)
- _____ RETIREMENT
- _____ PUBLIC ASSISTANCE
- _____ PAYDAY LOANS
- _____ RENTAL INCOME
- _____ TAX REFUNDS
- _____ OTHER (IT/CWT)

ACCOUNTS (Balances)

- _____ BANK ACCT #1
- _____ BANK ACCT #2
- _____ BANK ACCT #3
- _____ DEBIT ACCT #4

Under Penalty of perjury, I certify that the information presented is true and accurate to the best of my knowledge for all household members. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of financial assistance from the CCVSC and/or prosecution.

NAME: _____ SIGNATURE: _____ DATE: _____