



SIoux COUNTY, IOWA

VETERANS ASSISTANCE APPLICATION

INSTRUCTIONS

This is a *one-time assistance program* available to qualifying Sioux County residents who have been honorably discharged from federal active military duty for purposes other than training, who find themselves in need of *temporary emergency financial assistance*, to help pay for utilities, shelter, clothing, food, burial, etc., due to circumstances beyond their control. *Qualifying veterans who meet financial and circumstance guidelines established by the county must have a viable plan in place to meet their future financial needs* once assistance has been provided.

Veterans who wish to apply for assistance must make an appointment with the County Veterans Affairs Administrator to discuss their application in person.

All applications are reviewed on an individual basis. Applicants who do not meet the criteria for Veterans Assistance may be eligible for the county General Assistance Program and will be referred to that office upon request.

The following items must be provided at the time of application. These items may be sent to the office prior to the scheduled interview, or brought in at the time of the scheduled meeting:

- A certified copy of the applicants DD-214 verifying character of service as honorable, and federal active duty served for purposes other than training
- A copy of denial for assistance from Mid Sioux Opportunity if the request is for utility or rent assistance.
- A completed application Veterans Assistance form (incomplete applications will be denied)
- Copies of the bills you are asking for assistance with
- A copy of your rental contract, if rent assistance is being requested
- A copy of your federal and state tax returns from the most recent tax year
- Verification of all household income, checking, savings etc. accounts, securities, retirement or other investment accounts (most recent paystubs, bank statements, etc.)
- If you are unemployed and are not seeking work due to illness or health issues, *you must provide a dated letter, on clinic letterhead, from your doctor, verifying the health issue preventing employment, and the length of time you are medically excused from working*

To make an appointment with the veterans service officer to discuss your eligibility or application for Veterans Assistance, please call 1-712-737-1775 during regular business hours, Monday – Friday from 8:00 a.m. – 4:30 p.m.

Applications may be mailed to: Sioux County Veterans Affairs, PO Box 191, Orange City, IA 51041 for review prior to your scheduled interview.

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SIoux COUNTY, IOWA VETERANS ASSISTANCE APPLICATION

Veterans Name: _____

Spouse Name: _____

Veterans Social Security #: _____

Spouse Social Security# _____

Address: _____

Home/Cell Phone # _____

How long have you lived in Sioux County? _____

Cell/Work # _____

Reason for request (why are you unable to pay your bills at this time)? _____

How will you pay these bills next month? _____

Are you employed? Yes No Employers Name: _____ Employers Phone#: _____

If you are unemployed, how long have you been without a job? _____ Are you looking for work? Yes No

Do you have a doctor's order stating you cannot work? Yes No Reason you cannot work: _____

Have you received financial assistance in the past 24 months from any other source (ie. Mid-Sioux Opportunity, friends, relatives)? Yes No

VETERAN SERVICE RECORD (Attach DD-214)

Date of Entry _____ Branch _____

Date of Discharge _____

Type of Discharge _____

WWI () WWII () Korea () Vietnam () SW Asia ()

Peacetime () Other () list _____

Do you have a Service Connected Disability?: Yes () No ()

List monthly VA compensation amount here: \$ _____

Veterans' place of birth _____

Length of legal residence in: Iowa _____ Sioux County _____

PERSONAL DATA

Birthdate, Veteran _____ Age _____

Birthdate, Spouse _____ Age _____

Date of Marriage _____

Date Marriage ended _____

Reason Marriage ended _____

Insurance: Hospital / Medical through: _____

Prescription Drug through: _____

DEPENDENT CHILDREN

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

ASSETS

Home _____ Value _____

Mortgage Balance _____ Equity _____

Other Real Estate Value _____

Checking Account Yes () No () Current Balance \$ _____

Savings Account Yes () No () Current Balance \$ _____

Securities, Bonds, Etc. Total Value: \$ _____

INCOME AND RESOURCES

| <i>List GROSS amounts for:</i> | <u>Veteran</u> | <u>Spouse</u> |
|-------------------------------------|----------------|---------------|
| Employment Income | \$ _____ | \$ _____ |
| Unemployment Income: | \$ _____ | \$ _____ |
| Any Compensation or Pension: | \$ _____ | \$ _____ |
| Social Security Income: | \$ _____ | \$ _____ |
| Direct Aid (ie. Food stamps) | \$ _____ | \$ _____ |
| Utility/Rent Assistance | \$ _____ | \$ _____ |
| Interest, Rents, etc. RECEIVED: | \$ _____ | \$ _____ |
| Cash Earnings (cash etc.): | \$ _____ | \$ _____ |
| Child support paid (-)/received (+) | \$ _____ | \$ _____ |
| Any & All Other Income: | \$ _____ | \$ _____ |
| IPERS/ other retirement income: | \$ _____ | \$ _____ |

AMOUNT CURRENTLY OWED OR SPENT PER MONTH FOR:

| | |
|----------------------------|----------------------------|
| Rent: \$ _____ | Food: \$ _____ |
| Heat: \$ _____ | Electric: \$ _____ |
| Water/Sewer/Grbg: \$ _____ | Pharmacy: \$ _____ |
| Medical bills: \$ _____ | Dental bills: \$ _____ |
| TV/Internet: \$ _____ | Cell Phone: \$ _____ |
| Vehicle Payments: \$ _____ | Boat/Camper, etc: \$ _____ |
| Credit Cards: \$ _____ | School Tuition: \$ _____ |

AMOUNT REQUESTED FOR NECESSITIES:

| <i>\$ Amount Requested</i> | <i>Date Due</i> | FOR OFFICE USE. ONLY: \$ Approved |
|-----------------------------------|-----------------|--------------------------------------|
| Rent:\$ _____ | _____ | \$ _____ |
| Heat:\$ _____ | _____ | \$ _____ |
| Electric:\$ _____ | _____ | \$ _____ |
| Water/Garbg/Sewer:...\$ _____ | _____ | \$ _____ |
| Food:.....\$ _____ | _____ | \$ _____ |
| Prescription Drugs:\$ _____ | _____ | \$ _____ |
| Medical:\$ _____ | _____ | \$ _____ |
| Other:\$ _____ | _____ | \$ _____ |

I, _____ state that I have heard and/or read the above form and the information I have provided is true and complete.

Veteran's Signature

Date

