



Island County Veterans Assistance Application

**Please read below before submitting the application for assistance.
Incomplete applications may delay confirming eligibility and assistance**

To be eligible for assistance, Veterans meet low income qualifications, be honorably discharged and must have served on active duty for 180 continuous days or longer. National/State Guard or Military Reserve personnel currently serving on active duty for training purposes only are not eligible for assistance from this program unless the service member has had other service as defined above.

The following information is required to determine your eligibility and qualifications for obtaining assistance in petitioning the Island County Board of Commissioners for monetary assistance from the Island County Veterans Assistance Fund. This fund is provided by the taxpayers of Island County to aid low income indigent Veterans and their immediate families in accordance with the current Revised Code of Washington. Information entered on this form will be held confidential and will only be used by members of the Veterans Service Organizations processing this claim, Island County Auditor, the Board of Commissioners and their staff. Your eligibility will be determined in accordance with the laws pertaining to the Veterans Assistance Fund. Fill in the form completely, if more space is needed continue your answers on the back of the page, or additional paper.

NOTE: False or omitted information may be cause for denial by the Veterans Services Coordinator VSC. Personnel assisting you are volunteers and are under no obligation to provide you this assistance. If you have any questions in completing this form please feel free to ask for aid or clarification. All blanks shall be filled in, if not applicable, then N/A shall be inserted.

If you have any questions regarding this fund and/or this form you may contact the Island County Veterans Services Coordinator (VSC) at (360) 678-7805 or call for an appointment to visit the VSC in the Island County Human Services Building
105 1st Street NW, Coupeville, WA 98239.

CONFIDENTIAL

(1)

(Accompany With DD-214)

Date of application: _____

Full Name: _____ Cell Phone _____

Home/Alternate Phone _____ Email: _____

Current Address: _____

City: _____ St. _____ Zip: _____

SSN: ____ - ____ - ____ Resident of State for one year? ____ YES, ____ NO

Do you live in Island County? ____ YES, ____ NO

Do you rent? ____ Own? ____ Do you share this residence with anyone? If yes,

What is your share of the expenses? _____

Marital Status: Married? ____ YES ____ NO

Name of Spouse: _____ Phone _____

Address of Spouse: _____

Number of Children: _____, Ages: _____

The following information is required before we can HELP YOU

1. DD-214 and Picture ID() _____
2. Residency Proof, (Utility bill, rental agreement)..... () _____
3. Marriage License() _____
4. Birth Certificate of each child (*Living at home Only*)..... () _____
5. Veterans Death Certificate () _____
6. All **Original** Bills being claimed.....() _____

Sources of Income (Required)

1. VA Service Connected Compensation: (Award Letter)..... () _____
2. VA Non-service Pension: (Award Letter)..... () _____
3. Employment: (Pay Stubs)() _____
4. DSHS Documentation or SSI/SSDI..... () _____
5. Unemployment Monetary Determination Letter.....() _____
6. L&I Disability award letter/notice.....() _____
7. VA Education Benefits.....() _____
8. Other (Describe).....() _____
9. Proof of registration with Job Service() _____

(If you are able to work, but are currently unemployed, you must be registered with Washington State Job Services and must show proof of registration, printout or memorandum from Job Services is required.)

Type of Assistance Requested

Rent \$ _____ Utilities \$ _____ Electric \$ _____

Hospital \$ _____ Doctor \$ _____ Prescription Drugs \$ _____

Organization Reimbursement \$ _____ (Signed vouchers required)

Other (Be specific) _____

Total amount being Requested: \$ _____

Have you previously requested monetary assistance from Island County Veterans Assistance Fund? _____ or any other Veterans Assistance Fund? _____
If your answer is YES to any of these questions above please answer.

How many times have you requested assistance? _____

When and in what County? _____

List the dates, where, and how much funds were granted to you. _____

Other: _____

Provide other Information you consider pertinent to this request: _____

I certify (or declare) under penalty of perjury under RCW 9A.72.085 of the laws of the State of Washington that the foregoing is true and correct. I further authorize the Service Officer of my choice and any member of Island County Veterans Assistance Fund, Review Committee to verify the information I have provided herein.

Signature of applicant Date City

Applicant Interviewer or Service Officer

Investigated By: _____ Phone No, _____

Veteran Organization: _____ Post/Chapter No. _____

Address: _____

I/We Recommend: _____ Favorably, _____ Unfavorably to all/or part of the assistance requested.

Signature Signature Date

LANDLORD/MORTGAGE LENDER STATEMENT

On this _____ day of _____, 20____, I, _____
Authorize my Landlord/Managing/Bank Agent to furnish information regarding my rent,
family size, and any penalties associated with **delinquent** rent/mortgage payments.

Full Name (print): _____

Signature: _____ Date: _____

Landlord/Managing/Bank Agent:

*The Veteran named above has applied for assistance through the Island County
Commissioners Veteran Assistance Fund to assist in paying his/her rent. In order to
complete this request, the following information is necessary. This information will be
held in strict confidence for use in determining the eligibility and rent of the Veteran. Your
prompt return of this requested information is appreciated.*

Landlord/Owner/Bank Name: _____

SSN or property management tax identification information:

Mailing Address for payments to property management/landlord/lender: _

Phone _____ Office Hours: _____

RENTAL/MORTGAGE INFORMATION

Rental Address: _____

Monthly Rent/Mortgage:** _____ ***Months Behind:** _____
Penalties: _____

How long has this Tenant/ Family been living in your unit? _____

How many people occupy this unit? _____ Is this a family? ____ YES, ____ NO

I certify that the above information is true to my knowledge.

Sign: _____ Date: _____
Landlord/Managing/Bank Agent

**Specific period of time rent is being claimed (dates) _____*

CONFIDENTIAL

(4)

**ISLAND COUNTY
VETERANS ASSISTANCE FUND**



"We thank you for your service to our Country"

CONFIDENTIAL