

# VETERANS ASSISTANCE PROGRAM ELIGIBILITY CERTIFICATION

## Assistance requested:

- Housing:** Veteran must submit mortgage statement, rental agreement, eviction notice, or looking for housing.
- Utilities:** Veteran must have disconnect/final notice in Veteran's name.
- Food Voucher:** Not to be used for alcohol, tobacco, or lottery products.
- Transportation:** Bus pass or gasoline if needed for work, school, medical appointments; for gas, must have valid Washington license, registration, insurance, in Veteran's name.
- Prescription:** Must be doctor-ordered medication in Veteran's name.
- Burial or Cremation:** Copy of death certificate and quote from funeral home.
- Work Related:** Assistance necessary to become or remain employed.
- Auto Repair:** Necessary for employment/medical/school. Must submit current Washington license, registration, and insurance, in Veteran's name.
- Dental Care:** Emergency dental treatment as recommended by the Free Clinic of SW Washington.
- Storage:** To prevent auction and loss of items, must have final notice.
- Communication:** Must show the need for assistance.
- Textbooks:** Must provide current enrollment in college, university, or approved trade school in Washington State.

**\*PLEASE SEE POLICIES AND PROCEDURES FOR ALL REQUIRED ELIGIBILITY DOCUMENTATION.**

### Veteran's Certification

I have no assets or other resources to meet the needs identified above. I have been a resident of Washington State for at least one year and live in Clark County. I certify that the information I have provided is complete and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I give my permission for this agency to request/release information necessary to receive benefits from this request. I further give my utility vendor and landlord permission to release my account information to the agency. I understand assistance is in the form of vouchers or direct payments to vendors. **Applications must be updated annually or sooner upon request.**

\_\_\_\_\_  
Veteran's Signature

\_\_\_\_\_  
Date

**Do not write below this line. To be filled out by County Service Officer only**

- Honorable Discharge**
- Under 200% of Poverty**
- Clark County/WA Resident**  
**(250% for Housing/Dental)**

### Veterans Assistance Officer Certification

I do hereby certify that \_\_\_\_\_, is eligible for assistance.

Documentation of eligibility will be kept on file for five (5) years.

\_\_\_\_\_  
Service Officer's Signature

\_\_\_\_\_  
Date

**Clark County Veterans Assistance Program  
1305 Columbia Street  
Vancouver, WA 98660  
(564) 397-8478**

**APPLICATION FOR FINANCIAL ASSISTANCE**

**Section 1 RESIDENCY**

Veterans must submit a copy of a valid WA Driver's License or Identification Card or other proof of Washington Residency. Applicants must be a WA resident for at least one year prior to application.

Street Address	Apt. #	
City	State	Zip
Telephone Number		
Email Address		

**Section 2 VETERAN INFORMATION**

SSN	Date of Birth: MM/DD/YYYY		
Last Name	First Name	MI	

<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated, living apart	<input type="checkbox"/> Never married
----------------------------------	----------------------------------	-----------------------------------	--	--

**Section 3 SPOUSE INFORMATION**

SSN	Date of Birth: MM/DD/YYYY		
Last Name	First Name	MI	

**Section 4 OTHER HOUSEHOLD MEMBER INFORMATION**

List all other people living in the home even if you are not applying for benefits for them. Attach a separate sheet if necessary. A birth certificate or other evidence for family members is required for anyone applying for assistance.

Name (Last, First, MI)	Date of Birth	Sex	Relationship to you

**Section 5 MONTHLY HOUSEHOLD INCOME RECEIVED OR EXPECTED**

Note: You must list **ALL** monies from **ANY** source. List the **GROSS** amount.

	<b>Veteran</b>	<b>Spouse</b>
<b>Source of Income PER MONTH</b>	-X-X-X-X-X-X-X-X-X-X-	-X-X-X-X-X-X-X-X-X-X-
Social Security, any type		
SS received on behalf of dependents		
VA Compensation		
VA Pension		
Military Retirement		
Public Assistance (MFIP, GA, MSA)		
Private Pension/Other Retirement		
Child Support Received		
Spousal Support Received		
Worker's Compensation		
Unemployment Insurance		
Earned Wages/Employment Income		
Self Employment Income		
Rental Income		
Short Term and/or Long-Term Disability		
IWT and/or CWT from VAMC		
<b>ANY</b> other Money from <b>ANY</b> Source (Explain in VSO Remarks)		
<b>Total Monthly Household Income</b>		

**Section 6 HOUSEHOLD FINANCIAL RESOURCES AND ACCOUNTS**

List any checking or savings accounts, CDs IRAs, 401Ks and similar resources if any. You must include any business or self-employment accounts.

Type of Account	Bank

**Section 7****VETERAN EMPLOYMENT INFORMATION**

Veteran must provide the following requested information and list monthly wages in Section 5 above in "Earned Wages/Employment Income." **If employed, submit copies of last month's paychecks or bank statements.** If not currently employed, please provide this information for most recent employer.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your usual occupation?	
What is the date you last worked?	How often are you paid?	
Name of Employer	Telephone Number	
Address of Employer	City & State	Zip Code
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your business?	
Do you receive any continuing income from the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what amount?	
If self-employed, please list income from <b>all</b> sources under "Self Employment Income" in Section 5 above. Provide a copy of most recent Form 1040 with the appropriate schedules for the business and provide the business account information in Section 6 above.		

**Section 8****SPOUSE EMPLOYMENT INFORMATION**

Veteran spouse must provide the following requested information and list monthly wages in Section 5 above in "Earned Wages/Employment Income." **If employed, submit copies of last month's paychecks or bank statements.** If not currently employed, please provide this information for most recent employer.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your usual occupation?	
What is the date you last worked?	How often are you paid?	
Name of Employer	Telephone Number	
Address of Employer	City & State	Zip Code
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your business?	
Do you receive any continuing income from the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what amount?	
If self-employed, please list income from <b>all</b> sources under "Self-Employment Income" in Section 5 above. Provide a copy of most recent Form 1040 with the appropriate schedules for the business and provide the business account information in Section 6 above.		

**Section 9 VETERAN CASE MANAGEMENT OFFICER ADDITIONAL REMARKS**

Use this space for any additional information, comments, recommendations, etc.

**Section 10**

**AFFIDAVIT**

**Veteran must read and initial the following:**

“Income” means earned and unearned income from any source, including windfalls, income tax refunds, property tax refunds, and rebates, reduced by amounts paid or withheld for federal and state income taxes, and social security taxes.

\_\_\_\_\_ I have reported **ALL** money received and expected to be received from **ALL** sources.

\_\_\_\_\_ All of the information that I have provided on this application is true, correct, and complete and I have not withheld nor misrepresented any information.

**It is my understanding that access to this information may be provided to the Clark County Veterans Advisory Board. No other use, not specifically authorized by law, will be made of this information without my prior written consent. I understand that I am under no obligation to supply the information requested, however, since eligibility cannot be determined without providing such information, the consequences of such refusal would make me ineligible.**

Veteran’s Signature

Date Signed