WALLA WALLA COUNTY
DEPARTMENT OF COMMUNITY HEALTH
VETERANS' RELIEF FUND

Application Form

NAME: ______________________ APPLICATION DATE: ______________________

ADDRESS: ____

PHONE: ____________ DATE OF BIRTH: __________ SOCIAL SECURITY#______________________

MONTHS IN STATE: ______________ MONTHS IN COUNTY: ______________________

MARITAL STATUS: ______________ LEGAL DEPENDENTS AND AGES: ______________________

ETHNICITY: ☐Caucasian ☐ Hispanic ☐African-American ☐Asian ☐Other______________________

BRANCH OF SERVICE: ______________________ SERVICE NUMBER: ______________________

DATE ENTERED: ______ DISCHARGE DATE: __________ TYPE OF DISCHARGE: ______________________

LIST BELOW ANY MONTHLY INCOME FROM THE FOLLOWING:

WELFARE	________	UNEMPLOYMENT	________
VA BENEFITS	________	STATE INDUSTRIAL	________
CHILD SUPPORT	________	SOCIAL SECURITY	________
ALIMONY	________	EMPLOYMENT (SPECIFY)	________
PART-TIME WORK	________	OTHER (SPECIFY)	________
SPOUSE'S INCOME	________	TOTAL INCOME	________

LIST BELOW YOUR MONTHLY EXPENSES FOR THE ITEMS INDICATED:

RENT	________	VEHICLE	________
FUEL	________	CREDIT CARDS	________
FOOD	________	MEDICAL	________
ELECTRICITY	________	WATER	________
TELEPHONE	________	OTHER (SPECIFY)	________
		TOTAL EXPENSES	________

Does applicant qualify as indigent (per Attachment A/B to Guidelines)? Yes No

BRIEFLY DESCRIBE ASSISTANCE NEEDED

I, the undersigned swear or affirm that the answers to the questions hereon are true and correct and I understand that should they be proven false upon investigation, I may forfeit my right to assistance under the Veteran's Assistance Act of the State of Washington and incur such other penalties as may be prescribed by law. I further agree to release any information regarding my case that may be in possession of other social service agencies and aid in the processing of this request.

Applicant's Signature ______________________________________ Date __________

OFFICE USE ONLY

TOTAL GRANTED: ______________ VOUCHER #: ______________ VENDOR: ______________________

COPY OF DISCHARGE VERIFICATION (DD214 or OTHER) & PICTURE I.D. MUST BE ON FILE OR ATTACHED TO APPLICATION **(Form Revised 3/19/2019)**