

WEBSTER COUNTY VETERAN AFFAIRS
“County Assistance Application”

Veteran's Name: _____ **Telephone Number:** _____

Address: _____ **Social Security Number:** _____

What is your Emergency Situation that requires financial assistants: _____

Request Assistance For: Rent _____ Utilities _____ Burial _____ Transportation _____

Monthly Household Income: Your Income Others in Household

Employment	\$ _____	\$ _____
Child Support / Alimony	\$ _____	\$ _____
Rental Assistance	\$ _____	\$ _____
Social Security or Disability	\$ _____	\$ _____
Supplemental Security Income	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____

Total Monthly Income: \$ _____ \$ _____

Prior Year Employment History:

<u>Employer</u>	<u>Job Title</u>	<u>Location (town)</u>	<u>From: Mo/Yr</u>	<u>To: Mo/Yr</u>
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List All Members Living in the Household: (include relatives and / or roommates):

<u>Name</u>	<u>Relationship</u>
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Have you applied elsewhere for any type of assistance in the last six months? Y or N

Have you voluntarily quit a job in the last 90 days? Y or N

Are all, able-bodied household members registered with Workforce Development? Y or N

Are you receiving child support? Yes-Amount _____ No _____

Are you receiving food stamps? Y or N

I understand I assume full responsibility for the accuracy of the statements on this form and I understand the County Veterans Department will use these statements to determine my eligibility. As this information may be verified and investigated, I hereby authorize all persons (doctors, employers, department of human services, food stamp certifiers, cashiers, bankers etc.) to release information concerning my personal situation to the Webster County Veterans Affairs Department, if it deems such information is necessary. Applicants will receive a written notice of eligibility determination within 30 days.

Applicants Signature: _____ **Date Signed:** _____

WEBSTER COUNTY VETERAN AFFAIRS
“Landlord Rental Statement”

Landlords Name: _____

Address: _____

Landlords Phone Number: _____

Landlords Tax ID or Social Security Number: _____

Issue Check To: _____

Mail Check To: _____

Tenants Name: _____

Rental Address: _____

Rental Assistance Needed for What Month / Year:

Month: _____ Year: _____

Rent Amount: _____

Landlords Signature: _____ Date: _____

WEBSTER COUNTY VETERAN AFFAIRS

Name: _____ Age: _____ Date: _____

Work Verification

If you are under the age of 65 and not employed, you are required to go to the Iowa Workforce Development to seek employment. Mr. George Koslowski, Workforce Adviser, or another advisor, will sign this form authenticating you are actively seeking employment. Failure to do so will constitute an immediate denial of your application.

Signature of Mr. George Koslowski or another advisor: _____

Budget Expense Worksheet

**Attach a copy of your most recent pay-stub or bank statement.
Failure to do so will constitute an immediate denial of your application.**

What is your monthly total gross income? _____

Rent Payment: _____

Transportation: _____

Mortgage Payment: _____

Vehicle Loan: _____

Child Support: _____

Credit Card(s): _____

Day Care: _____

Auto Insurance: _____

Gas & Electric: _____

Home Insurance: _____

Water: _____

Health Insurance: _____

Phone: _____

Prescriptions: _____

Cable: _____

Other: _____

Food: _____

Other: _____

Add up all the above payments. List the total here _____.

Now, take your monthly total gross income and minus your payment total. Write that number here _____.