

**Montgomery County Veterans Services COVID-19 Pandemic**  
**Special Emergency Relief Financial Assistance Packet**

627 Edwin C. Moses Blvd., 4<sup>th</sup> Floor East Medical Plaza Dayton OH 45417, Phone (937) 225-4801

This assistance is for Veterans that have lost their source of income due to the COVID-19 Pandemic. The goal is to ease the financial burden experienced by Veterans whose employers had to close due to the State of Ohio Executive Orders. Some examples are Bars, Restaurants, Gyms, Schools, and Daycare etc. *This assistance program will only be provided one time per Veteran.* Applications and supporting documents will need to be placed in an envelope and either:

- Dropped off to the Montgomery County Veterans Service Commission placed in the appropriate drop box outside the office. There will be no face to face contact.
- Mailed to Montgomery County Veterans Service Commission, 627 Edwin C. Moses Blvd., 4<sup>th</sup> Floor East Medical Plaza, Dayton OH 45417

Please include a copy of each of the documents listed below with your application:

- A copy of these completed and signed cover sheets.
- A copy of your DD-214 (if you have applied for assistance from our office before, and we have a copy there is no need to provide another copy). You must have an Honorable or Under Honorable (General) character of service which must be visible on the copy.
- A copy of proof of being a Montgomery County resident for at least 90 Days.
- A copy of your current valid Ohio photo identification.
- Pay stubs for the previous 30 days.

Employer Information:

Business Name: \_\_\_\_\_ Manager/ P.O.C Name: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Position you held: \_\_\_\_\_

- **I understand and agree that the Montgomery County Veteran Service Center may make a thorough investigation of my financial circumstances, employment and income. I hereby release you, your organization or others from any liability or damages which may result from this exchange of the information requested. I also certify that all statements contained herein or at any step of the application process are true, complete, and correct to the best of my knowledge. I understand that knowingly providing false, misleading or incomplete information when applying for financial assistance may result in denial of financial assistance now and in the future, required restitution, and subjection to criminal prosecution. LIFETIME LIMITATION FOR ASSISTANCE IS \$25,000 (Res. 17-32202). All assistance awards are based on eligibility and a demonstrated and documented need. I understand that funding for the Veterans Service Commission Financial Assistance Program is through property tax revenues. I understand that the Veterans Service Commission diligently works to ensure all assistance is dispersed in the best interest of those tax payers. I have read the above requirements and policies and received copies of those items listed as included in this packet.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant name:** \_\_\_\_\_ **Daytime Phone#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_