

EMERGENCY FINANCIAL ASSISTANCE APPLICATION

MONTGOMERY COUNTY VETERANS SERVICE COMMISSION

627 Edwin C. Moses Boulevard, 4th Floor, East Medical Plaza Dayton, Ohio 45417

Phone: 937-225-4801, Fax: 937-222-7533

INCOMPLETE APPLICATIONS WILL NOT BE APPROVED

Once all items on the list below have been obtained, please return to our office in person, our drop box, or U.S. mail. You may be contacted regarding your application to discuss any financial questions that may arise. Emergency financial assistance isn't an entitlement, and you must demonstrate a documented need. Please note that emergency financial assistance is only for the support of the Veteran, legal spouse of the Veteran, and the legal dependents of the Veteran.

PLEASE CIRCLE THE TYPE(S) OF ASSISTANCE REQUESTED:

RENT/MORTGAGE

UTILITIES

FOOD

What caused your financial emergency? _____

Completed

- _____ A copy of all your DD-214s unless previously provided. You must have an honorable or under honorable (general) character of service, which must be visible on the DD-214 copy.
- _____ Proof of residency of Montgomery County for at least 90 days. (i.e., utility bill with your address)
- _____ A copy of your current (not expired) Ohio photo identification or passport.
- _____ A copy of your Marriage Certificate (if you are married), Divorce Decree (if you are divorced), Death Certificate (if your spouse is deceased), Birth Certificate(s) if you have a minor child/children, unless previously provided, or there has been a change in your status (marriage, divorce, or death).
- _____ A copy of your bank activity for **ALL** accounts for the last 60 days, including all individuals that live at your residence. The Bank Account Activity Request Form is included in this packet, if needed, to obtain your bank activity. This includes online accounts such as Direct Express, Green Dot, and Chime, etc.
- _____ A copy of all receipts for cash payments made that are not detailed on your bank statement.
- _____ Housing- **RENT (NOT REQUIRED FOR FOOD ONLY APPLICATIONS)**
- Copy of current, signed and dated Lease Agreement
 - Landlord Ledger Form completed by your landlord
 - Request for Taxpayer Identification and Certification
- No rent payments can be made to relatives. Your landlord must be registered with the Montgomery County Auditor as a rental property owner (937-225-4314). All property owners will be verified.
- _____ Housing- **MORTGAGE (NOT REQUIRED FOR FOOD ONLY APPLICATIONS)**
- Must be in applicant's name and not in foreclosure or forbearance
 - Mortgage Company Ledger Form completed by your mortgage company
 - Request for Taxpayer Identification and Certification or W-9
- _____ If you have utilities (gas, electric, water) in your name, bring a copy of your latest bill for each (**NOT REQUIRED FOR FOOD ONLY APPLICATIONS**). You may be required to apply for a Percentage of Income Payment Plan (PIPP) for AES and CenterPoint. If you are placed on PIPP and you default on your payments, utility assistance may be denied. We will not consider utility assistance for accounts that are not in your name.
- _____ A copy of **ALL** income for the last 60 days for **ALL** individuals that live at your residence. Please provide employment paystubs, VA compensation award letters, VA disability award letters, Social Security award letters, child support payments, foster care payments, and any other miscellaneous income.

RELEASE OF LIABILITY

I have read and understand the requirements and policies of receiving emergency financial assistance from Montgomery County Veterans Service Commission. I further understand and agree that the Montgomery County Veterans Service Commission may make a thorough investigation of my financial circumstances, employment and income, housing, and utility services. Therefore, I hereby release Montgomery County Veterans Service Commission and its employees or others from any liability or damages which may result from this exchange of my personal information.

I understand that all assistance awards are based on eligibility and a demonstrated and documented need.

I understand that funding for the Montgomery County Veterans Service Commission is through property tax revenues and understand that the Montgomery County Veterans Service Commission diligently works to ensure all assistance is dispersed in the best interest of those taxpayers.

I further understand that knowingly providing false, misleading or incomplete information when applying for emergency financial assistance may result in the denial of emergency financial assistance now and in the future, required restitution, and subject to criminal prosecution.

I hereby certify that all statements provided by me at any step of the financial application process are true, complete, and correct to the best of my knowledge.

Applicant Signature _____ Date _____

Printed Name _____ Phone Number _____

Address _____ Email _____

BANK ACCOUNT ACTIVITY REQUEST

I am applying for services from the Montgomery County Veterans Service Commission.

As part of the application process, I must submit to them copies of the last 60 days of activity for each of my bank accounts. This is not the bank statement, but account activity.

This report must list the names of all the account holders.

Please provide a copy of my last 60 days activity statement for all my accounts.

Signature

Date

