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 <u>all items</u> 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. <u>Emergency financial assistance isn't an entitlement, and you must demonstrate a documented need.</u> 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?						
<u>Completed</u>							
	A copy of <u>all</u> 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 <u>ALL</u> a residence. The Bank Account Activity R activity. This includes online accounts su	equest Form is included	n this packet, if needed, to				
	A copy of all receipts for cash payments	made that are not detailed	on your bank statement.				
	Housing- RENT (NOT REQUIRED FOR	FOOD ONLY APPLICAT	IONS)				
	 Copy of current, signed and dated Let Landlord Ledger Form completed by Request for Taxpayer Identification a 	your landlord					
	No rent payments can be made to relati Auditor as a rental property owner (937-2			tgomery County			
	Housing- MORTGAGE (NOT REQUIRI	ED FOR FOOD ONLY AP	PLICATIONS)				
	 Must be in applicant's name and no Mortgage Company Ledger Form con Request for Taxpayer Identification a 	mpleted by your mortgage					
	If you have utilities (gas, electric, water) is FOR FOOD ONLY APPLICATIONS). Yo (PIPP) for AES and CenterPoint. If you a may be denied. <u>We will not consider utili</u>	ou may be required to app re placed on PIPP and yo	ly for a Percentage of Incon a default on your payments,	ne Payment Plan			

A copy of <u>ALL</u> income for the last 60 days for <u>ALL</u> 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.

<u>I further understand that knowingly providing false, misleading or incomplete information</u> 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.

Date	
Phone Number	
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



LANDLORD LEDGER FORM

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Mr./Ms. is applying for assistance from the Montgomery County Veterans Service Commission. As part of the application process, we require the last 12 months of rental payments and the information completed below by the landlord. We also require a signed and completed current lease. In addition, your property must be registered with the Montgomery County Auditor's Office (937-225-4314) as a rental property (we do not need the registration copy, but the landlord must attest to registering by signing below). INCOMPLETE FORMS WILL NOT BE ACCEPTED.

Names of All on Lease of Rental Unit

Address of Rental Property_____

Landlord's Name (Print)_____ Date Lease Effective_____

Landlord's Daytime Telephone Number_____

Month and Year (MOST RECENT 12 MONTHS)	Payment Received (Dollar Amount)	Balance Remaining (Dollar Amount)	Amount Paid by Other Agency or HUD

The Montgomery County Taxpayer Identification Form (attached) must also be completed by the landlord. Your rental property must be registered with the Montgomery County Auditor (937-225-4314) as a rental property as required in ORC 5323.

I have read and completed the above information and the Montgomery County Taxpayer Identification Form (attached). My signature below denotes also that I have registered my rental property with the Montgomery County Auditor's Office, as required in ORC 5323. I understand that providing false, misleading, or incomplete information may result in required restitution and subjection to criminal prosecution.

Landlord Signature

Date



MORTGAGE COMPANY STATEMENT FORM

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

Mortgage Company's Name

Mortgage Company's Tax ID#

Mortgage Company Mailing Address for Payment

Street address, City, Zip Code of Moltgaged Property

Mortgage Account Number

Name of Person(s) Listed as Mortgage Holder (Borrower)

Ledger of Last 12 Months Activity						
Date of Payment	Dollar Amount of Regular Monthly Payment Due	Dollar Amount of Payment Made	Amount Past Due			

Signature of Mortgage Co. Official Completing Form

Print Name

Date

Daytime Telephone Number

ALL ITEMS MUST BE COMPLETED BEFORE FORM WILL BE ACCEPTED

I understand that if I make false statements or answers to any information related to my mortgage or financial assistance application and receive assistance as a result thereof, my file may be referred to a prosecutor for possible action. I understand and agree that the Montgomery County Veterans Service Commission may make a thorough investigation of my financial circumstances, mortgage information, and housing. I hereby release you, your organization or others from any liability or damages which may result from the exchange of information requested.