



Montgomery County  
**VETERANS  
SERVICE  
COMMISSION**

627 Edwin C. Moses Boulevard  
4<sup>th</sup> Floor, East Medical Plaza  
Dayton, Ohio 45417  
Phone: 937-225-4801  
Fax: 937-222-7533  
[www.mcvsc.org](http://www.mcvsc.org)

## Emergency Financial Assistance Application

Veteran's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(if someone other than Veteran is applying)

### INCOMPLETE APPLICATIONS CAN NOT BE CONSIDERED

Once all items on the list below have been obtained, please call our office to schedule an appointment for review. Please note that emergency financial assistance is only for the support of the Veteran, the legal spouse of the Veteran, and any legal dependents of the Veteran. Assistance is awarded based on need.

Type of Assistance Requested (Check all that apply):

☐ RENT/MORTGAGE      ☐ UTILITIES      ☐ FOOD      ☐ OTHER

What caused your financial emergency? \_\_\_\_\_

☐ 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 Montgomery County Ohio residency for the last 90 days. (i.e., utility bill with your address)

☐ A copy of your current 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) for any minor children, unless previously provided, or there has been a change in your status (marriage, divorce, or death).

☐ A copy of ALL income documentation for the last 60 days for everyone that lives in your residence. Please provide banks statements, 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.

☐ Copies of all bank activity 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 in your bank statement.

☐ Renters Documentation (**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.*

☐ Mortgage Documentation (**not required for food only applications**)

- Must be in applicant's name and not in foreclosure or forbearance
- Mortgage Statement Form completed by your mortgage company
- Request for Taxpayer Identification and Certification or W-9

☐ Utility Documentation (**not required for food only applications**)

- Must be in applicant's name
- Provide the latest bill for (gas, electricity, water)
- 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 are not able to consider utility assistance for accounts that are not in your name.



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### **Release of Liability**

I understand and agree that the Montgomery County Veterans Service Commission (MCVSC) 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 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.

### **Veteran's Right to Appeal**

I further understand that any application for financial assistance may be granted or denied in accordance with the guidelines established by the MCVSC. Applicants have the right to appeal any application decision directly to the 5-member Veterans Service Commission.

Appeals must be heard in person at the next regularly scheduled public Veterans Service Commission meeting. The MCVSC meets every 2<sup>nd</sup> Wednesday of the month at 10:00 a.m. in our office at 627 Edwin C. Moses Blvd, Dayton, OH 45417.

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.

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Applicant Signature

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Date

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Printed Name

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Phone Number

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Address

## **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 copies of the last 60 days of activity for each of my bank accounts. This is not the bank statement, but daily account activity.

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

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

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Signature

Date



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## Landlord Ledger Form

The individual below is applying for assistance through the Montgomery County Veterans Service Commission. As part of the application process, we require specific documentation from the property owner or property manager. Please provide the following:

1. **A signed copy of the current lease agreement** for the below-listed tenant.
2. **A detailed payment history for the past 12 months**, indicating all rent payments made, missed, or late. This history must be signed and dated by the property owner or manager.
3. **Verification that the rental property is registered** with the Montgomery County Auditor's Office at 937-225-4314. While we do not require a copy of the registration, the property owner or manager must attest to this registration by signing the form below.

**Please note: Incomplete submissions cannot be accepted.**

\_\_\_\_\_  
Name(s) On Lease

\_\_\_\_\_  
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

I have read and completed the above information and completed the Montgomery County Taxpayer Identification Form and Montgomery County Vendor Application (attached). My signature below denotes also that this property is registered 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



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## Mortgage Statement Form

\_\_\_\_\_  
Mortgage/Bank Name

\_\_\_\_\_  
Mortgage Account Number

\_\_\_\_\_  
Mortgage Company Mailing

\_\_\_\_\_  
Street Address of Mortgaged Property

\_\_\_\_\_  
Name of Person(s) Listed at Mortgage Holder/Borrower

Date of Payment	Regular Monthly Payment Due	Amount Paid	Amount Past Due

\_\_\_\_\_  
Printed Name of Mortgage Official Completing Form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date