

## GREENE COUNTY VETERANS SERVICE OFFICE

571 Ledbetter Road, Xenia, Ohio 45385

(937) 562-6020, Fax (937) 562-6021

[www.GreeneVets.org](http://www.GreeneVets.org)

### **EMERGENCY FINANCIAL ASSISTANCE APPLICATION PACKET**

The Greene County Veterans Service Commission (VSC) can provide **EMERGENCY** financial assistance on a **TEMPORARY** basis for basic living expenses such as: rent or mortgage, utility bills, food, etc. Other needs may be considered on a case-by-case basis. Funding for the Financial Assistance Program is provided through tax payers dollars and therefore subject to Ohio law. While you may ask for help with a specific need, the Commission will determine what assistance may be granted. Assistance is available to veterans, survivors, or dependent children. The program is not intended to be used on a month to month or extended basis. Whenever necessary and possible, we attempt to help you find long term solutions for your needs. You may be asked to seek assistance from other agencies.

#### **ELIGIBILITY:**

- The veteran is required to have active federal service for other than training purposes and have been discharged under honorable conditions. Proof of service (DD 214) is required.
- The applicant must have 3 months of residency in Greene County immediately preceding the date of application. Proof of residency is required.
- A definite financial need must be demonstrated. The Greene County Veterans Service Commission considers many factors when determining financial need including but not limited to, income, living expenses, and liquid assets.

#### **HOW TO APPLY: (Please Print)**

1. Complete and sign the enclosed application (Enclosure 1).
2. **Gather all of the required documentation listed on page 2 of this packet.** It is necessary to provide all of the requested documentation so that the review of your request for financial assistance will not be further delayed.
3. **When you have gathered all the documentation, call our office at (937) 562-6020 to schedule an appointment to complete the application process.**
4. At the office appointment, a caseworker will complete your application and discuss your situation. Bring all the required documentation including the application. Your appointment should take approximately 1 ½ hour; please plan accordingly. Whenever possible, we ask that you do not bring young children to the appointment.
5. If approved, any payments will be mailed to your creditors unless other arrangements have been made and approved by the Director or Commission.
6. **An application must be completed each time you need assistance.** Please call the office for an application packet as soon as you believe you may need help.

## **REQUIRED DOCUMENTATION**

We understand that you may manage your finances, etc. on-line, however; **We Must Have Legible, Paper Copies of All Documentation. We cannot accept screen shots from your phone.** Thank you for your understanding.

### **1. IF YOU HAVE NOT APPLIED FOR ASSISTANCE BEFORE, PLEASE PROVIDE:**

- ☐ DD 214 (Separation/Discharge-much show character of discharge and dates of entry & separation)
- ☐ Photo ID for all adults, issued by a government agency
- ☐ Marriage License ☐ Divorce and child custody and support documents
- ☐ Veteran's Death Certificate
- ☐ If any adult is disabled, proof of disability and inability to work (Encl #3)

### **2. PROOF OF ALL INCOME NOT LISTED ON THE BANK STATEMENTS FOR THE LAST 30 DAYS FOR ALL ADULTS LIVING IN THE HOME**

- ☐ Paystubs/income from self-employment ☐ Unemployment benefits
- ☐ Any federal benefits (Social Security, VA, etc.) ☐ Workers Compensation/any disability insurance
- ☐ Retirements and pensions ☐ Child support
- ☐ SNAP benefits/OWF/Cash assistance (or denial letter)
- ☐ Any other income received in the last 30 days (loans, cash advances, IRS refunds, etc.)

### **3. BANK STATEMENTS / TRANSACTION REPORTS FOR THE LAST 30 DAYS FOR ALL BANK ACCOUNTS FOR ALL ADULTS LIVING IN THE HOME**

- ☐ Savings, checking accounts, and any debit card for on-line accounts. Must show name of bank and current balance.

### **4. CURRENT BILLS FOR ALLEXPENSES**-Please provide the entire bill showing account number and mailing address for the company.

- ☐ Rent- enclosed Landlord Statement Form completed by landlord/manager. (Encl #2)
- ☐ Mortgage-current statement and any information regarding impending foreclosure
- ☐ All utility bills and cable, phones, etc. ☐ All loans (car, personal, cash advances etc.)
- ☐ Credit cards ☐ Insurance payments (car, home, health)
- ☐ Any other expenses (emergency repairs, etc.) ☐ Any other information requested

### **5. COMPLETED APPLICATION With PERSONAL STATEMENT (Encl # 1)**

**When you have gathered all the documentation, call our office at (937) 562-6020 to schedule an appointment to complete the application process. Failure to provide all of this documentation will significantly delay the review of your application and any possible assistance.**

**GREENE COUNTY VETERANS SERVICE COMMISSION  
FINANCIAL ASSISTANCE APPLICATION/STATISCAL DATA SHEET**

Date of Application

**This application must be completed by answering all questions**

(Note: Disclosure of Social Security Account Numbers is voluntary, but failure to provide such information may affect your application for financial assistance.) Social Security Numbers are used as secondary identifiers to determine an applicant's eligibility for assistance.

1	Veteran's Name: Last                      First                      Middle				SSN:
					Occupation:
2	Date of Birth:	Date of Death:	Marital Status:	Date of Marriage:	Date of Divorce/Separation
3	Spouse (Maiden name if applicable):			Spouse SSN:	Spouse Date of Birth:

4	Address:    City    State    Zip			How long?

5	Date established residency in this county: (proof required)	Home Phone:
Cell Phone:		
Email:		

6	Previous address:    City    State    Zip			How long?

7	Name of <b>current</b> landlord/mortgage co.	Telephone (area code)	Fax # (area code)

**IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:**

8	Name:	Relationship to veteran:	Date of Birth:	SSN:

9	Address:    City    State    Zip	Home Phone:
Cell:		
Email:		

10	Name of <b>current</b> landlord/mortgage co.	Telephone (area code)	Fax # (area code)

**MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)**

11	Date from:	To:	Type of Discharge	Branch of Service	Verified (office use only) Yes - No - DD214/VA
	Date from:	To:	Type of Discharge	Branch of Service	Verified (office use only) Yes - No - DD214/VA

**DEPENDENTS**

12	Names (if more than 4 use separate sheet)	How related to veteran:	SSN:	Date of Birth:	Who has Custody:	Support Yes - No
a						
b						
c						
d						

13	Does anyone else live in your household? (if yes, please give name and explain)	Yes	No

14	Has anyone in your household ever applied for assistance from any other agency in the last thirty(30) days? Yes No (if yes, please explain)	
	Agency:	Assistance:
	Agency:	Assistance:

Employment	Veteran	Spouse	Other
14 Employer name:			
15 Employer address:			
16 Employer phone:			
17 Dates of Employment:			
18 Rate of pay:	\$	\$	\$
19 Are you seeking employment? Yes      No		Where:	Are you registered with ODJFS? Yes      No
20 If not seeking employment, explain why:			

Please explain why you need assistance at this time:

I have completed and/or reviewed all information pertaining to my application for financial assistance and I certify that it is correct to the best of my knowledge. I understand that false statements made on this application may lead to my application being rejected, suspension of future benefits, and or prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Greene County Veterans Services  
571 Ledbetter Rd. Xenia, Ohio 45385  
Ph: 937/ 562-6020 / FAX: 937/ 562-6021**

**LANDLORD'S STATEMENT  
(To be completed by the Landlord/Property Manager)**

Landlord/Property Manager's Name \_\_\_\_\_

DBA (Doing Business As) \_\_\_\_\_

Landlord/Property Manager's Address \_\_\_\_\_

Landlord/Property Manager's Day Time Phone Number \_\_\_\_\_

DBA Tax ID# or Landlord/Property Manager's SS# Number \_\_\_\_\_

**\*\*\*\*\*LANDLORD MUST PROVIDE EITHER A TAX ID # OR SS#\*\*\*\*\***

I state that (Address of Property) \_\_\_\_\_

☐ Is Available for Rent on (Date) \_\_\_\_\_

☐ Is Being Rented by (Tenant) \_\_\_\_\_

☐ Date of Occupancy \_\_\_\_\_

☐ For the Amount of \$ \_\_\_\_\_ The Deposit Amount is \$ \_\_\_\_\_

☐ The Tenant is responsible for paying:

☐ Water

☐ Gas

☐ Electric

☐ Other \_\_\_\_\_

The Total Amount Owed to Date is \$ \_\_\_\_\_

\_\_\_\_\_  
Landlord / Property Manager's Signature

\_\_\_\_\_  
Date

**I understand that false statements to the above questions are subject to fines  
and/or imprisonment under the laws of the State of Ohio**

**Greene County Veterans Service**  
**571 Ledbetter Road Xenia, Ohio 45385**  
**Ph: 937/562-6020 / Fax: 937/ 562-6021**

**MEDICAL STATEMENT**

\_\_\_\_\_  
Patients Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

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

The above named patient is under my care and is presently being treated for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is my medical opinion that this patient is:

- ☐ Permanently disable and unable to maintain employment
- ☐ Not disabled and is able to maintain employment
- ☐ Temporarily disable and should be able to return to work on or about: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if I make a false statement or answer to any or all of the above questions, I am subject to a fine and imprisonment under the laws of the State of Ohio.

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Name

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

\_\_\_\_\_  
Office Name, Address

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
				-				-		
<b>or</b>										
<b>Employer identification number</b>										
				-						

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they