

FERRY COUNTY VETERAN'S ASSISTANCE FUND

APPLICATION FOR ASSISTANCE

The Ferry County Veteran's Assistance Fund organized per provisions of Washington State RCW 73.08 is administered by the Ferry County Commissioners. The Ferry County Veteran's Advisory Board (VAB) advises the Commissioners on matters regarding the fund and provides assistance to veterans by reviewing applications for assistance. The VAB submits their recommendation for approval of assistance to the Commissioners for approval of payments. The Ferry County Auditor makes payments upon approval of payment by the Commissioners.

The Veteran's Assistance Fund is intended to provide financial assistance to veterans for emergency, health, financial or living hardship situations that meet the criteria contained in RCW 73.08 and established by the Ferry County Commissioners.

The maximum amount of financial assistance that can be rendered in a 12 month period is \$750.00. The 12 month period starts the day following payment of earlier assistance.

The maximum amount payable for internment fees of a deceased veteran is \$1,000.00.

REQUIREMENTS FOR APPLICATION

The following documents and information is required to evaluate an application. Do not answer questions with N/A or leave blank. Such responses may invalidate or delay processing the application.

- Proof of honorable service. Provide copy of DD 214, Honorable Discharge Certificate from Military Service to include a medical discharge with honorable record.
- Signature on this application must be the same name on the DD 214 or other documents. If not provide a court order legal name change document.
- Provide copies of bills, not to exceed 3 vendors, for which you are requesting payment. Bills must include vendor's name, address and telephone number as well as current unpaid balance. Payment of assistance will be made directly to the vendor.
- Copy of previous year's federal tax return. If a tax return was not filed explain why.
- Copies of financial resources not listed on tax return. These include income from federal, state and local agencies and also private sources.
- Meet the Federal Poverty Guidelines (See attachment)
- Proof of residency. Applicant must be a resident in the State of Washington for one year prior to date of application and a resident of Ferry County and have resided in the county for 3 months prior to date of application.
- A brief written explanation of the applicant's need for financial assistance and any request submitted to other sources for similar assistance.
- Signed Application including applicant's social security number.
- Signed Agreement for Release of Information.
- If applying for internment assistance, provide proof of service and a copy of death certificate.
- VAB does not retain in files sensitive personal records, including DD 214, tax records, social security numbers or similar documents.

Your entire family income must be less than shown on the chart below for the number of people that live in your home.

2016 Rates

Persons in family/household	Poverty guideline 150%
1	\$17,665
2	\$23,895
3	\$30,135
4	\$36,375
5	\$42,615
6	\$48,855
7	\$55,095
8	\$61,335
For families/households with more than 8 persons, add \$4,160 for each additional person	

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Name _____ Mr., Mrs., Miss _____

Also known by other name, nickname _____

Amount Requested: \$ _____ Payable to: _____

(Note: If for medical device, provide doctor's statement.)

Residency: Provide proof - Rental agreement, utility bill, etc.

Your Residence Address: _____

Mailing Address: _____

Residence Phone: (_____) _____ Cell Phone: (_____) _____

Length of Residency: Washington State: Years _____ Address: _____

Ferry County: Months _____ or years _____

Household

Are other persons living in your Household? Yes _____ No _____ If Yes, How Many? _____

If No, skip to Income Section; you may leave the rest of this section blank.

Names of Persons: _____ Relationship _____

Total number of persons living in the household. _____

Are any of persons employed or contributing to household income? Yes _____ No _____

If Yes, show amount of contribution below in Income Section.

Income

Are you employed: full time _____ Part time _____ (Not at all _____ , you may skip to Net Income line below)

Hours work per week _____

Name & Address of Employer(s) _____

Self Employed - What do you do? _____

Net Income shown on latest IRS filing, 1.e. 1040, 1040A, 1040EZ, etc. \$ _____

Other Income: Include local, state, federal, public and/or S.S.I, S.S.D as well as non-public income taxable sources: (Continue on back of page)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Applicant's total annual income: \$ _____

Income Contribution by other members of the household

Name _____ \$ _____

Name _____ \$ _____

Total Income Contribution by other household members \$ _____

Total Household Income including applicant and other persons \$ _____

Monthly Expenses (You may be asked to show bills or document expenses)

Mortgages and/or Rent: \$ _____

Utilities (Water, Sewer, Elect, Heating, Etc): \$ _____

TV, Telephone, Etc.: \$ _____

Vehicle: \$ _____

Other, Medical (Your Expense or Co-Pay): \$ _____

Total Monthly Household Expenses \$ _____

Other Assets

Checking Account: Bank _____ Location _____

In Whose Name _____ Current Balance \$ _____

Savings Account: Bank _____ Location _____

In Whose Name _____ Current Balance \$ _____

Other Cash Accounts: What _____ Location _____

In Whose Name _____ Current Balance \$ _____

Other Assistance

Are you receiving assistance or have applied for assistance from any Federal, State, Local or private organization not listed in foregoing sections? This may include, but not be limited to, SSI/SSDI for you and your spouse, retirement, child support, disability payment. List such assistance below.

Name _____ Assistance \$ _____

Name _____ Assistance \$ _____

Name _____ Assistance \$ _____

Have you applied for assistance from such organizations and been rejected? Yes ____ No ____

If Rejected - Why? _____

List bill(s) for which you are requesting assistance. Include a copy of latest bill showing vendor's name, address and telephone number and your account number. NOTE: if this request is approved, the vendor will be paid.

To Whom _____ Address _____

Telephone (____) _____ Account No. _____ Amount \$ _____

To Whom _____ Address _____

Telephone (____) _____ Account No. _____ Amount \$ _____

To Whom _____ Address _____

Telephone (____) _____ Account No. _____ Amount \$ _____

Why I need this Assistance

On this page describe why you need financial assistance and efforts you have taken to resolve this situation. Address any item in the foregoing sections that may need further explanation. This is your opportunity to be heard.

(Use back of this page if more space required)

I understand this that financial assistance requested by this application is not an entitlement and that the abuse of funds can be prosecuted if information is withheld or that provided is falsified or fraudulent. I also understand that that provision of financial assistance is subject to funds being available and approval of the Ferry County Board of Commissioners.

Printed Name

Signature

Soc Sec No.

Date

A reminder to:

Include: Copy DD214 _____

Copy Fed Tax Return _____

Authority to Release of Information _____

Doctor's Statement _____

Please mail your application to:

VAB

P.O. Box 1198

Republic, WA 99166

You may also drop it off at the Ferry County Auditor's Office in the County Courthouse Building.

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AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I understand that the information in this application may need to be shared or verified to obtain information from other agencies or institutions to assist the Ferry County Veterans Assistance Board in determining the need for financial assistance under the Ferry County Veterans Assistance Fund.

I authorize the release of information by any agency or institution (to include employers, community service organizations, and financial institutions) to the Ferry County Veterans Assistance Board in connection with an application for financial assistance or internment of a deceased veteran application.

I understand that any information obtained by the Ferry County Veteran's Assistance Board will remain confidential and will be used only in conjunction with this specific application for assistance. I authorize the Ferry County Board of Commissioners and the Ferry County Auditor to review any information in conjunction with this application before release of funds.

Applicant and Spouse Signature Required:

Printed Name

Signature

Soc Sec No.

Date

Printed Name

Signature

Soc Sec No.

Date

VETERANS ASSISTANCE BOARD CHECKLIST

NOTE: This page only for Board use - do not provide to applicant!

Applicant Name _____ Date _____

Are signatures on application same as on DD 214? _____ If not, Explanation? _____

Has this applicant received financial assistance from this program in previous years? _____

If received previous assistance, when? Date of last previous assistance _____

Number of persons in household? _____

The Current Poverty Level for a household of _____ persons is \$ _____

Is total household income of \$ _____ less than this Current Poverty Level? _____

Are copies of vendor's bills submitted for payment attached? _____

Is this deemed to be an emergency? Explain if not: _____

Is it for a medical device? _____ Is a doctors statement included? _____

Comments: _____

VETERAN'S ASSISTANCE BOARD RECOMMENDATION

Member's Printed Name Signature Approve/Reject \$ _____ Date _____

Member's Printed Name Signature Approve/Reject \$ _____ Date _____

Member's Printed Name Signature Approve/Reject \$ _____ Date _____