

**PUTNAM COUNTY VETERAN SERVICE COMMISSION
FINANCIAL ASSISTANCE APPLICATION**

Veteran's Name:	Last	First	Middle	Date:	SSN:	
					Occupation:	
Date of birth:	Date of death:	Marital status:	Date of marriage:	Date of divorce/separation:		
Spouse (maiden name if applicable):				Spouse date of birth:		
Date established residency in this county: (Proof of Residency is Required)				Telephone #:		
Applicant's address:	City	State	Zip code	How long at address:		
If Putnam County residency less than 90 days, answer the following:						
Previous address:	City	State	Zip Code	How Long at address:		
Have you requested assistance from another county in last 3 years?						
If yes, what county?				What assistance was provided?		

IF APPLICANT IS NOT THE VETERAN, PLEASE FILL OUT THE FOLLOWING:

Name:	Last	First	Middle	Date of Birth:	Marital Status:	
					Occupation:	
Relationship to Veteran:						

MILITARY SERVICE (MUST PROVIDE PROOF OF SERVICE)

Date From:	To:	Type of Discharge:	Verified (Office Use Only)
Date From:	To:	Type of Discharge:	

DEPENDANTS (PROFF OF DEPENDENCY MAY BE REQUESTED)

Name:	Relation to Applicant	Date of Birth	In Custody of Whom	Support? Yes/No

Does anyone other than you, your wife or children live in your household?

Name:	Relationship	Do they help with household expenses?	

ASSISTANCE FROM OTHER AGENCY

Has anyone in your household applied for assistance from any other agency in the last 30 days?		
Agency:	Assistance:	

[WORKING COPY ONLY]

Employer name:						
Employer address:						
Employment dates:	From:	To:	From:	To:	From:	To:
Reason terminated:						
Rate of pay:						
Are you seeking employment:				Are you registered with JFS:		
If YES, where?						
If not seeking employment, explain why:						

ASSETS

TYPE	\$ VALUE	TYPE	DESCRIPTION	\$ VALUE	OWE
Checking		Home			
Savings or CD		Other Prop.			
		Vehicle			
		Vehicle			

Name & Address of Landlord/Mortgage Company	Telephone:

INCOME & EXPENSES (Documentation for all expenses is required)

PRESENT MONTHLY NET INCOME (Last 30 days, LIST ALL INCOME)	ALL MONTHLY EXPENCES			ASSISTANCE REQUESTED	
	Food	Mortgage/Rent	Note	Type	Amount
Veteran Income					
S/C					
Spouse Income					
		Electric			
		Fuel			
		Wat/Sew			
		Refuse			
		Cable/Internet			
		Phone			
		Insurance			
		Car Payment			
		Auto Gas			
		RX/Medical			
		Credit Card			
TOTAL	\$ -	TOTAL	\$ -	TOTAL	\$ -

Please explain why you need assistance at this time: _____

I understand that false statements made on this applican may lead to prosecution.
 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.

[WORKING COPY ONLY DO NOT SIGN UNTIL INSTRUCTED BY OFFICE STAFF]

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ Date Signed	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ Applicant's Signature
--	--