How to Apply for Assistance from the Veterans’ Assistance Fund

Attached is the application to apply for assistance from the Thurston County Veterans’ Assistance Fund. For eligible veterans and family members the fund provides up to $500 for an individual veteran and up to $800 for a family of two or more primarily for rent or mortgage, water, power, garbage, food, bus passes and clothing. In addition, for eligible veterans or family members the fund may also provide up to $800 for burial or cremation services.

To receive assistance from the Veterans’ Assistance Fund you must meet the following criteria:

- Meet the definition of veteran
- Resident of Washington State for at least six months immediately prior to application
- Resident of Thurston County for at least 31 days immediately prior to application
- Low Income.
- Able to provide documentation proving eligibility including verification of need.

To apply for assistance please complete the attached application. Also, bring one document from each category below unless otherwise stated to prove eligibility for assistance:

- Veteran
  A. DD214;  B. NGB 22;  C. Discharge Orders and Certificate
- Washington State Resident, document dated over 6 months ago
  A. Washington State driver’s license or identification
  B. Utilized Veterans Assistance Fund prior year
  C. Mail from an official government source
  D. Homeless shelter verification
- Thurston County Resident, document dated over 31 days ago
  A. Washington State driver's license or identification
  B. Utility or other bill
  C. Mail from an official government source
  D. Homeless shelter verification
- Family Size, bring all that apply
  A. Spouse or domestic partner – license or certificate
  B. Dependent children of veteran, under 18 years of age – birth certificates
  C. Surviving spouse or surviving domestic partner – license or certificate and death certificate
- Income, bring all that apply
  A. Pay stubs from last 31 days
  B. Current year award letter from government programs
  C. Any other sources of funds coming into the household

Eligibility Appointment:
To schedule an eligibility appointment either schedule an appointment time at the front desk or call 360-867-2625.

PHSS2/14LL
APPLICATION FOR ASSISTANCE

Application Date: ___________________________ 90-Day Application Period Ends: ___________________________

1. **Applicant Identification**
   Veteran Name: ____________________________________________
   
   If Not Veteran, Eligible Family Member Name: ________________________________
   
   Check which eligible family member: □ Spouse □ Domestic Partner □ Surviving Spouse
   □ Surviving Domestic Partner □ Dependent Children of a Living or Deceased Veteran
   
   Telephone Number of Applicant: __________________________________________
   
   Picture Identification Used: □ Valid WA State License or ID □ Other __________________________

2. **Military**
   Eligible Veteran as Determined on Form ‘Veteran Status’? □ Yes □ No

3. **Washington State Residence the Last Six Months**
   Document Used to Verify Eligibility:
   □ Washington State Driver’s License or ID Issued > Six Months Ago
   □ Utility Bill > Six Months Ago
   □ Official Government Document with Veteran’s Name, Date and Address > Six Months Ago;

4. **Thurston County Residence the Last 31 Days (Not applicable for applicants in approved shelter)**
   Document Used to Verify Eligibility:
   □ Valid Washington State Driver’s License or ID Issued > 31 Days ago
   □ Utility Bill > 31 Days
   □ Official Government Document with Veteran’s Name, Date and Address from > 31 Days
   
   Current Address (Residence): ____________________________________________________________
   (Post office box cannot be used to verify residence.)
   □ Homeless If residing in a shelter, include which facility: _____________________________________
   □ Applicant requests referral services for shelter and/or housing.
5. **Household Size** ~ Documents Used to Verify Eligibility:

- [ ] License or Certificate  - [ ] Birth Certificates  - [ ] Court Papers  - [ ] Death Certificate

A. List all family members in the household. Veteran, spouse, domestic partner, surviving spouse, surviving domestic partner and the dependent children of a living or deceased veteran under the age of 18 years.

<table>
<thead>
<tr>
<th>Name of Family Member (Include Applicant)</th>
<th>Relation to Applicant</th>
<th>Age if &lt; 18 Yrs. Of Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________________________________</td>
<td>Applicant________</td>
<td>______________________</td>
</tr>
<tr>
<td>2. ______________________________________</td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td>3. ______________________________________</td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td>4. ______________________________________</td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td>5. ______________________________________</td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td>6. If more than five family members, list here.</td>
<td></td>
<td>______________________</td>
</tr>
</tbody>
</table>

B. For income purposes list any other individuals residing in the household who will benefit from the assistance provided: If more than two, list in notes.

Name ____________________________  Name ____________________________

6. **Income**

<table>
<thead>
<tr>
<th>Source of Funds ~ Include any funds or assistance received in the last 31 days from anyone residing in the household.</th>
<th>Col. 1 Veteran</th>
<th>Col. 2 Other Family Member</th>
<th>Col. 3 Other Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages – pay stubs last 31 days. Gross wages minus taxes.* If employed, name of employer &amp; beginning date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If unemployed, last date worked: _________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Compensation/Disability – current year award letter.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Education Benefits – school printout most recent quarter showing funds received and expenditures and/or VA verification. Other education, grants/loans.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military Annuity (Pension) – current annuity verification.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Assistance – Food – award letter or DSHS printout .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Benefits – most recent weekly record.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security – current year award letter.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labor &amp; Industries – monthly amount last 31 days.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement pay – current year amount.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support and/or Alimony – child protective services or other verification last 31 days.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other funds coming in household. See Policies and Procedures for included income.  (May request bank statement to verify resources available)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Per Month</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
A. Grand Total ~ Family Size __________________ (from 5A)

Column #1 _______________
Column #2 _______________
Column #3 _______________
Total = _______________

B. Income Eligible? ☐ Yes ☐ No

Income Eligible, Receives One of the Types of Public Assistance Listed Above? ☐ Yes ☐ No

C. If no income listed above, if filed, applicant must provide income tax return from previous year and/or apply for food assistance through DSHS submitting letter of acceptance or denial.

7. Income Guideline

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Monthly Amount</th>
<th>Family Size</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>$1436</td>
<td>Five</td>
<td>$3446</td>
</tr>
<tr>
<td>Two</td>
<td>$1938</td>
<td>Six</td>
<td>$3948</td>
</tr>
<tr>
<td>Three</td>
<td>$2441</td>
<td>Seven</td>
<td>$4451</td>
</tr>
<tr>
<td>Four</td>
<td>$2943</td>
<td>Eight</td>
<td>$4953</td>
</tr>
</tbody>
</table>

8. Basic Needs

☐ Utilities, Power, Water, Garbage ☐ Rent
☐ Mortgage ☐ Non-Refundable Deposit
☐ Bus Pass ☐ Food
☐ Clothing ☐ Laundry
☐ Other _________________________________ ☐ Other _________________________________

Housing

a) What is the applicant’s monthly rent or mortgage payment? ______________________________

b) If no housing expense, explain how shelter is provided: ________________________________

c) If requesting rent or mortgage assistance is the applicant able to sustain rent or mortgage payments in the months to come? ☐ Yes ☐ No

d) How much rent is past due as of application date? ________________________________

e) If requesting assistance with rent or mortgage the lease or documents proving ownership of the property must be attached.

f) If applicant shares residence with owner of property, maximum rent payable is $250.

9. What other types of assistance not provided by the Veterans’ Fund would be helpful?

☐ Prescriptions ☐ Other _________________________________

☐ Dental ☐ Other _________________________________

☐ Vision ☐ Other _________________________________

10. Assistance From Other Counties

Has the applicant received assistance from Veterans’ Assistance Fund in another Washington county? 

☐ Yes ☐ No
If yes, what county? _________________________________ Year? _________________________________
11. Certification

I, the undersigned, certify that the information contained in this application is complete and accurate and if discovered to be otherwise shall be denied assistance from the Veterans’ Assistance Fund. If it is determined that I provided false information or that fraud, criminal activity or misuse of funds has occurred, the veteran or family member may be ineligible to receive assistance from the Veterans’ Assistance Fund for up to 10 years.

I authorize the Veterans’ Assistance Fund to verify the accuracy of the information contained in this application. I agree to provide any necessary documentation to provide proof of this information. I also agree to release any information contained in this application to other agencies and agree that other agencies may release information regarding my application to the Veterans’ Assistance Fund.

______________________________________________

Veteran or Eligible Family Members Signature                     Date

______________________________________________

Person Completing the Application & Organization                Date

12. For Office Use Only:

1. First Time Applicant? Circle One
   Yes       No

2. Received assistance from fund prior to January 1, 2009? Circle One
   Yes       No

3. Eligible veterans or family members who receive financial assistance for two consecutive years may not draw upon the fund for one complete twelve month period of time before again being eligible to receive assistance from the Veterans’ Assistance Fund. Dates listed below correspond with record assistance form. (Two year requirement not applicable for contracted shelter and incarcerated veteran programs.)

<table>
<thead>
<tr>
<th></th>
<th>First Year Dates</th>
<th>Second Year Dates</th>
<th>Third Year Dates</th>
<th>Date Applicant May Reapply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>__________ to ________</td>
<td>_______ to _______</td>
<td>_______ to _______</td>
<td>______________________</td>
</tr>
</tbody>
</table>

Application Notes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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