## Thurston County Public Health and Social Services, Veterans Assistance Fund

**Mondays and Fridays 8am - 12pm**

412 Lilly Rd NE, Olympia, WA 98506-5132

**Tuesday/Wednesdays/Thursdays 9am – 1pm**

Lacey Veterans Services Office, 4232 6th Ave SE, Suite 201, Lacey WA 98503

Tel. 360-867-2625; 360-628-0824; Fax 360-867-2601; TDD 360-867-2603

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### APPLICATION FOR ASSISTANCE

**Application Date:** ___________________ **90-Day Application Period Ends:** ___________________

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1. **Applicant Identification**

   **Veteran Name:** ____________________________________________________________

   **If Not Veteran, Eligible Family Member Name:** ________________________________

   1. **Check which eligible family member:**
      - Spouse
      - Domestic Partner
      - Surviving Spouse
      - Surviving Domestic Partner
      - Dependent Children of a Living or Deceased Veteran

   **Picture Identification Used:**
   - Valid WA State License or ID
   - Other ____________________________

   **Telephone Number of Applicant:** ________________________________

   **First Time Applicant?**
   - Yes
   - No

   **Number of Years Applied for Assistance**
   - ___________

   **Re-Apply Date (date received assistance)**
   - ___________

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2. **Military**

   **Eligible Veteran as Determined on Form ‘Veteran Status’?**
   - Yes
   - No

   **Period Served:** (Circle One) World War II; Korea; Vietnam; Persian Gulf; Peace Time

   **Discharged Within the Last Six Months?**
   - Yes
   - No

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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 or Other Bill > Six Months Ago
   - Official Government Document with Veteran’s Name, Date and Address > Six Months Ago
   - Other ________________________________

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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 or Other Bill > 31 Days
   - Official Government Document with Veteran’s Name, Date and Address from > 31 Days
   - Other ________________________________

   **Current Address (Residence):** ________________________________________________

   (Post office box cannot be used to verify residence.)

   **Homeless**

   **If residing in a shelter, include which facility:** ________________________________
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>Veteran or Eligible Family</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 and are not the family members listed above: (If more than two, list in application 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</th>
<th>Col. 2</th>
<th>Col. 3</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>
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<tr>
<td>VA Education Benefits – VA award letter, verification from school, E-benefits verification</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>Education Benefits, Other than VA – verify current benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EBT – Food Assistance – current award letter from DSHS showing amount receive last 31 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI – current year award letter</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medicaid – current year award letter or medical card w/infor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Public Assistance-TANF, GA, poverty-related veterans’ benefits, refugee resettlement benefits – current award letter</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>
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<tr>
<td>Retirement pay – current year amount</td>
<td></td>
<td></td>
<td></td>
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<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 received by household. See Policies and Procedures for included income. May request last 2 to 3 month bank statements to verify resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A. ‘No income’ is not allowed without verification of the type of public assistance received, most recent bank statements, and in certain circumstances prior year income tax return.

B. Grand Total - Family Size __________________ (from 5A)
   Column #1 ______________
   Column #2 ______________
   Column #3 ______________
   Total = ______________

C. Income Eligible? □Yes □No
D. Income Eligible, receives one of the types of public asst. listed on page 2? □Yes □No

7. Income Guideline
2015 - 150% Poverty

<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>$1471</td>
<td>Five</td>
<td>$3551</td>
</tr>
<tr>
<td>Two</td>
<td>$1991</td>
<td>Six</td>
<td>$4071</td>
</tr>
<tr>
<td>Three</td>
<td>$2511</td>
<td>Seven</td>
<td>$4591</td>
</tr>
<tr>
<td>Four</td>
<td>$3031</td>
<td>Eight</td>
<td>$5111</td>
</tr>
</tbody>
</table>

8. Basic Needs
□ Past Due Rent □ PSE, Referral to Community Action Council
□ Past Due Mortgage □ Limited Utilities – water & garbage
□ First and Last Month’s Rent □ Limited Food Assistance
□ Non-Refundable Deposit □ Resource & Referral Services
□ Burial or Cremation □

9. Housing Assistance
   a) What is the applicant’s monthly rent or mortgage payment? __________________________
   b) Is the applicant able to sustain rent or mortgage payments in the months to come?
      □ Yes □ No
   c) How much rent is past due as of application date? ________________________________
   d) A copy of the lease or documents proving ownership of the property must be attached.
   e) If applicant shares residence with owner of property, maximum rent payable is one-time $250.

10. What other types of assistance not provided by the Veterans’ Fund would be helpful?
    □ Prescriptions □ Other __________________________
    □ Dental □ Other __________________________
    □ Vision □ Other __________________________

11. Assistance From Other Counties
    Has the applicant received assistance from Veterans’ Assistance Fund in another Washington county?
    □ Yes □ No
    If yes, what county? __________________________ Year? __________________________

12. As of Application Date: □ Eligible for Assistance □ Not Eligible for Assistance □ Pending
13. 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

Application Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PHSS 1/15LL