



## Public Health and Social Services Veterans' Assistance Program

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Lacey, WA 98503

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## Veterans' Assistance Fund Application

Complete **both** sides of this application

### DOCUMENTATION REQUIRED WITH ALL APPLICATIONS

\* if applicable

Please check off all documents that are included with your application

- DD 214, Copy 2 or 4
- Photo Identification
- Lease Agreement
- Residency Verification (WA ID or utility bill)
- Bank statements for all adults in the home (checking, savings, Direct Express, cash app, etc.)
- Proof of income for all adults in the home – **previous 2 months**  
(cash app, venmo, child support, TANF, social security, disability, etc.)
- Past Due Bill
- DSHS Benefits\*
- Marriage Certificate\*
- Birth Certificate for all children in the home under 18\*
- Death Certificate of Veteran\*
- For car repair assistance – proof of insurance and title/registration for the vehicle\*

Today's Date: \_\_\_\_\_ Application Expires: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

1. Have you previously requested assistance from the Veterans' Assistance Fund?

Yes  No How many times? \_\_\_\_\_ Date you last received assistance: \_\_\_\_\_

2. Eligibility Documentation:

Type of Photo Identification \_\_\_\_\_

Proof of Veteran Status \_\_\_\_\_

Proof of WA State Residency \_\_\_\_\_

Proof of Thurston County Residency \_\_\_\_\_

3. List everyone living in the home:

| Relationship to Applicant | Last Name | First Name | Date of Birth |
|---------------------------|-----------|------------|---------------|
| Self                      |           |            |               |
|                           |           |            |               |
|                           |           |            |               |
|                           |           |            |               |
|                           |           |            |               |
|                           |           |            |               |

4. What assistance are you requesting?

| Type | Amount Requested |
|------|------------------|
|      |                  |
|      |                  |
|      |                  |
|      | Total:           |

5. List all income for everyone in the home:

| Last Name              | First Name   | Type of Income   | Total Monthly Income |
|------------------------|--------------|--|----------------------|
|                        |              |  |                      |
|                        |              |  |                      |
|                        |              |  |                      |
|                        |              |  |                      |
|                        |              |  |                      |
| <b>OFFICE USE ONLY</b> |              |  |                      |
| Total Household Income | Income Limit | Income Eligible?   |                      |
|                        |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |

I, the undersigned, certify that the information provided in this application is true and accurate. If it is determined that any information given is false or that fraud, criminal activity, or misuse of funds has occurred, the Veteran and/or Applicant may be ineligible to receive assistance from the Veterans' Assistance Fund for up to 10 years.

I authorize the Veterans' Assistance Fund to verify all information contained in this application and agree to provide any necessary documentation as proof of the information. The information in this application may be released to other agencies to assist in the verification of information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Representative Signature

\_\_\_\_\_  
Date