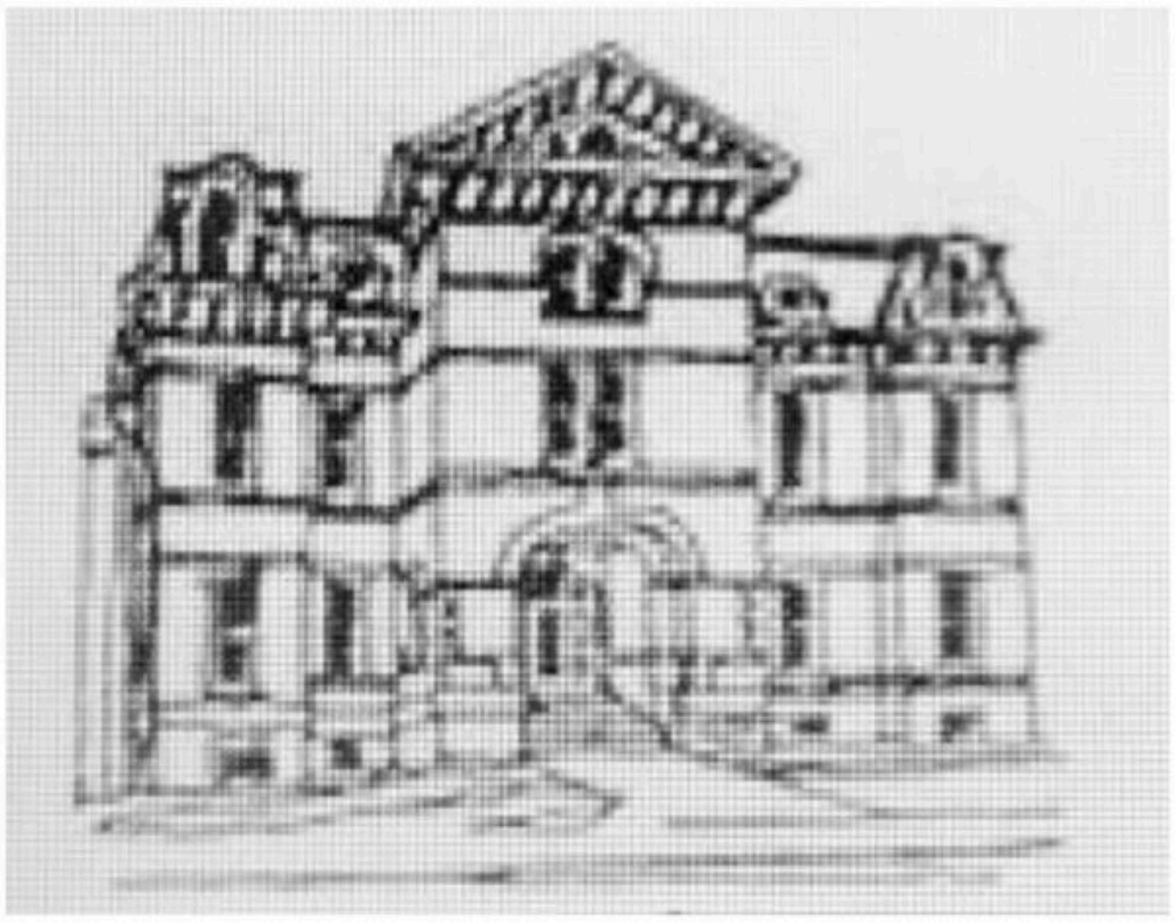

Jo-Daviess County
Veterans Assistance
Program

P.O. Box 6433

Galena, Il., 61036

(563) 580-3733

Application for Financial Assistance

Veterans /Applicants Full Name: _____

Address:_____ City:_____ State:_____ Zip:_____

Phone:_____

Marital Status:_____ Spouse's Name:_____

I am requesting assistance for myself and the following family members who reside with me.

Name:	Relationship:	Age:	Social Security Number:
	Applicant / Veteran		

Are you and/or your family currently homeless? Yes:_____ No:_____
Do you currently own your own residence? Yes:_____ No:_____
Do you currently own real estate other than your residence: Yes:_____ No:_____

Complete information below for each family member that is employed and lives in your residence:

Name:	Name and Address of Employer

Describe the circumstances that best relate to your financial hardships. Be specific; i.e. home repairs, increase in utilities, loss of income, etc.

Complete the following section of Basic Monthly Living Expenses and Financial Assistance Requested:

List All Monthly Expenses If none, write "None"		**Financial Assistance Requested**		**Approved Amount**
Mortgage/ Rent	$	Mortgage/ Rent	$	$
Electric	$	Electric	$	$
Gas	$	Gas	$	$
Water	$	Water	$	$
Trash	$	Trash	$	$
Phone	$	Phone	$	$
Food	$	Food	$	$
Prescriptions	$	Prescriptions	$	$
Medical Co-Pays	$	Medical Co-Pays	$	$
Other	$	Other	$	

Financial Information

Present Income and Cash Resources Fill in every blank. If none, write "None".

Source	**Person or Persons Receiving**	**Description / Name of Resource**	**Total Monthly Amount**
Employment: Salary			**$**
Unemployment:			$
Workman's Comp.:			$
Public Aid / HUD:			$
VA Benefits:			$
Social Security / SSI :			$
Annuities / Pensions:			$
Alimony /Child Support:			$
Friends / Relatives:			$
Farm Income:			$
Stocks/Bonds Income:			$
Rental Income:			$
Other Income:			$

Banking Information and Other Cash Resources.

Does any member of your family residing with you presently have a savings or checking acct. that is overdrawn? Yes: _____ No:_____

Complete the following information for each person residing with you that is the owner/holder of any bank or financial institution savings or checking acct.

Acct. Owner Name	Name of Financial Institution or Bank	Account Number	Account Balance

Mandatory Information Required

Documents below must be returned with this completed and signed application before Veterans Assistance can be processed.

----- Copy of Veterans DD-214, (Military Discharge showing honorable discharge).

-----Copy of current State Photo ID or State Drivers License.

I understand that if I have given any false information or intentionally failed to disclose information and it is discovered at a future time, I will be barred from the Jo-Daviess County Veterans Assistance Program and I may be subject to prosecution; criminal, civil, or both under 42 U.S.C. and other statues that apply given the circumstances. I certify, under the penalty of perjury, that all of the required information that I have provided for this program is accurate and truthful to the best of my knowledge.

Veterans / Applicants Signature _____ Date: _____

For office use only

Application Received	Decision	Applicant Notified of Decision
Date:	Date:	Date:

Assigned Applicant Code: _____