



Fulton County Veterans Service Office

604 S. Shoop Avenue, Suite 270

Wauseon, Ohio 43567

Phone: 419-337-9266 FAX: 419-337-9296

Our office provides a financial assistance program that allows a qualified *(based on type of discharge and time in service)* veteran, veteran's spouse, minor child or dependent parent, who has been a resident of our county for at least three months to make an application for **temporary emergency assistance only**.

An applicant must provide proof of veteran status and proof of residency to be considered for financial assistance.

The applicant must also show verification of income coming into the household. This means everyone who lives in the household, must provide verification of income. The applicant must also provide verification of expenses paid by **all** who live in the household.

A previous month's bank statement as well as a current month's bank statement must also be provided for all accounts.

Our office recommends that if you are in need of immediate assistance, such as in the case that you have received a shut-off or eviction notice, that you seek other agency help. This is do to the amount of time it takes for payments to be processed and the likelihood that payment from our office will not be received by the cut off date. You may call 211 or 1-800-468-4357 to find other agencies in our area that will provide you assistance.

Our office may assist with utilities, food and rent. If seeking assistance for utilities, our office will need the most recent bill. If assistance for rent is requested, our office will need a rental verification form, W-9 (items our office will provide) and a current lease agreement for the landlord/owner to which rent is to be paid.

Once the application has been made, a review of the application will take place. Any information provided during the interview may be investigated by the office for verification purposes. If any information is found to be untruthful, this may be cause for litigation or denial of current and future financial assistance.

The office will notify the applicant of its decision as to whether or not assistance has been granted; this decision may not be immediate.

Please find attached a check sheet of information needed to make application of financial assistance.

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The following items and information are needed to complete your application for Emergency Financial Assistance thru our office. Once you have obtained these, please contact our office to set up an appointment.

Verification of Status

DD214 (member 4 copy) or Separation Papers

Proof of residency in Fulton County for at least 90 days (can be proven with copy of lease, utility bills, etc)

JANUARY	FEBRUARY	MARCH	APRIL
M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S
1 2 3 4 5			
	1 2		
6 7 8 9 10 11 12	3 4 5 6 7 8 9	3 4 5 6 7 8 9	1 2 3 4 5 6
13 14 15 16 17 18 19	10 11 12 13 14 15 16	10 11 12 13 14 15 16	7 8 9 10 11 12 13
20 21 22 23 24 25 26	17 18 19 20 21 22 23	17 18 19 20 21 22 23	14 15 16 17 18 19 20
27 28 29 30 31	24 25 26 27 28	24 25 26 27 28 29 30	21 22 23 24 25 26 27
		31	28 29 30

****example of date of information needed: If appointment is set up for application between February 11th – February 15th (reference above calendar) then period to be reviewed will be January 9th through February 9th.**

Income – Verification for ALL persons living in the household

Copies of pay stubs for the last 4 weeks (30 days)

Previous and Current Month's bank statements for ALL accounts (must cover dates reviewing & previous months)

Disability Award Letter (if applicable)

Social Security Award Letter (if applicable)

Verification of Any Other Income/Benefit received such as food stamps, child support, Unemployment, Worker's Compensation, etc.

Expenses – Verification of Expenses paid out

Provide verification of all expenses paid out by household for last 4 weeks

Examples:

1. Receipts with dates showing payment to whom and what for
2. Copies of Checks showing payment
3. Written statements showing payment to whom and what for
4. Bank statements reflecting direct payments (must show to whom and amount and date)

Assistance Requested (Our office can only assist with utilities, rent and food)

Gas/Propane, Electric, Water & Sewer

Current Original bill, showing amount due (Can not be a copy)

Food Assist

Food Voucher Policy Agreement (provided by office)

Rental Assistance

Rental Verification Form (provided by office)

W-9 for landlord (provided by office)

Current Lease Agreement/ Rental Contract (Our office can not pay mortgages)

Release of Information

Our office requires a current signed release of information to be on file for all members of the household for verification/investigation purposes. (Form provided by office)



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Fulton County Veterans Service Office Release of Information

I (We), the undersigned, hereby authorize the Fulton County Veterans Service Office to request information regarding the following:

- *Verify Employment with Employer(s)
- *Request Copies of Pay Stubs
- *Verify ALL Bank Accounts and Balances (Checking, Savings, CD's, IRA's, etc.)
- *Request Copies of Bank Statements, copies of cancelled checks
- *Verification of receipt of payments
- *Verify Social Security Income
- *Verify Worker's Compensation Income
- *Verify Registered for OBES, Unemployment Benefits
- *Verify Employment Search
- *Verify Budget Counseling
- *Job and Family Services: for information in regards to food stamps and financial assistance
- *Child Support: for information in regards to receipt/payment of child support/alimony
- *Economic Workforce Development: for information in regards to employment issues

This would enable the Fulton County Veterans Service Office to receive factual information to determine benefit eligibility.

_____ Applicant's Signature	_____ SS No.	_____ Date
_____ Co-Applicant's Signature	_____ SS No.	_____ Date
_____ Co-Applicant's Signature	_____ SS No.	_____ Date
_____ Co-Applicant's Signature	_____ SS No.	_____ Date

*This release will expire one year from signature date.

Privacy Act Information: Fulton County Veterans Service Office will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, CFR 1.576.

Food Voucher Guidelines

Food Vouchers are issued for the purpose of supplementing food and toiletries to your household. These are given based on an understanding that you are in immediate need of these items.

Please review, initial each statement and sign and date at the bottom.

- I. Food vouchers **Can Not** be used to purchase, alcohol, pop/soda, tobacco, books, greeting cards, video rentals, magazines, office supplies, pet products or other such items. _____
- II. Vouchers are not to be used to provide food and toiletries for parties or holiday events. _____
- III. Must be used within 1 (one) week of issuance. _____
- IV. You are requested to spend the tax payer money sensibly and responsibly. This means no extravagances, such as, expensive cuts of meat or seafood. _____
- V. You are encouraged to use the full amount of the voucher. What you do not use you will lose.

- VI. The voucher must be used in 1 (one) visit, it can not be split up for more than one trip to the store. _____
- VII. When you are done shopping, give the voucher to the cashier before your order is scanned. There is NO Tax on your purchase. _____
- VIII. You will need to present ID to verify that you are the recipient of the food voucher. _____
- IX. If there is a special need to purchase something out of the ordinary, you must notify the office ahead of time and get permission before purchasing the item(s). _____

Our office will receive a copy of your receipt from the store in which the voucher was issued. If upon review it is found that your purchases were inappropriate, you risk losing this benefit. If you are unable to do your shopping or wish to have another individual from your household added to the voucher, you must advise the office prior to the issuance of the voucher. If you elect to have someone else do the shopping, it is your responsibility to advise them of the office guidelines.

I have read and understand the guidelines for receiving a food voucher.

Signature: _____

Date: _____

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RESIDENTIAL RENTAL VERIFICATION FORM

Residents Name: _____

_____ Address _____ Apt. No. _____

_____ City _____ State _____ Zip _____

_____ Phone Number _____

Date of Occupancy: _____

Lease Dates: _____ to _____

Monthly Rent Amount: _____

Owner/Managers Name: _____

_____ Address _____

_____ City _____ State _____ Zip _____

_____ Phone Number _____

_____ Owner/Managers Signature _____ Date _____