FRANKLIN COUNTY VETERANS SERVICE COMMISSION
REQUEST FOR TEMPORARY FINANCIAL ASSISTANCE

Assistance Overview

- Financial assistance is not guaranteed. It is short term and a bridge to self-reliance.
- Each application will be reviewed to check if you qualify and need the financial help, as required by Ohio law.
- Generally, you can apply for assistance every 30 days by following these guidelines

Category	Assistance Limits
Rent (to include deposit)	• Maximum of 4 months in a **Rolling** 12-month period to include associated fees. • Applications will not be taken for additional months of rent. • If applications for rent assistance have not been made in the last 12 months and the request is for more than four (4) months, that application will go to the Commission.
Mortgage (Not in Foreclosure or in the modification process)	• Maximum of 4 months of mortgage (including associated fees) in a **Rolling** 12-month period. Application will not be taken for additional months of rent. • If applications for assistance have not been made in the last 12 months and the request is for more than four (4) months, that application will go to the Commission.
Vehicle Repair	• Maximum of 1 vehicle repair per household in a ***Rolling*** 12-month period (No additional applications taken) Note – Applications will not be taken when the vehicle value is determined to be equal to or greater than 200% of the Kelley Blue Book Value using Fair Condition, Private Party.
Vehicle Payment	• Maximum car payments per household is three (3) in a ***Rolling*** 12-month period. No additional applications will be taken. • If applications for assistance have not been made in the last 12 months and the request is for more than three (3) payments, that application will go to the Commission.

INCOMPLETE APPLICATIONS CANNOT BE TAKEN OR PROCESSED

If required documents are not provided within 14 days of the initial review, a new application may be needed.

- Applicants must provide the documents requested.
- If you're asked to submit more documents, your application will be scheduled for review once the updated documents are received. This will not happen on the same day.
- Interviews can be done online or in person. You'll be asked about:
- Income sources, monthly expenses, and spending
- How you will support yourself going forward

PLEASE USE THE CHARTS BELOW TO UNDERSTAND ASSISTANCE LIMITS AND NEEDED DOCUMENTATION

Status	Eligibility Factors	Documents Required
Veteran Status	• Discharge - Honorable or General (under honorable conditions) • Currently serving on Federal Active Duty • National Guard or Reservist called to Federal Active Duty • Served on Active Duty for reasons other than training. • VA Service-Connected disability rating. (0% - 100%)	DD 214 - All 214's showing discharge(s) period(s) of honorable service
Dependent Status	Discharge status of Veteran applies to dependents seeking assistance	Marriage, Divorce, Death, and Birth Certificates. Adoption and Custody agreements
Residency	Franklin County resident for at least 90 days	

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Income Verification	Purpose	Documents Required
Income Verification – Covering the last 30 days.	Verifies employment status and household income. (Includes Spouse, Disabled Adult Dependents)	Pay-stubs or statement showing current income to include allotments, Award Letters (VA, Social Security, Workers Compensation, and/or other disability payments)
Financial Transaction History covering the last 30 days	Reviewed to understand current expenses and spending. Bank transaction histories are only valid for 14 days from submission	Bank or pay card printouts and statements no older than 3 Days before the application. This includes statements from applications such as PayPal, Zelle, CashApp, Apple Pay, etc.
Medical Work Limitation	Verify current medical limitations or barriers to employment	Letter or statement from medical provider showing current work limits and projected release days
Applications for Disability (Includes Social Security Disability, Social Security Insurance, Workers Compensation	Verify current limitations or barriers to employment based on a disability.	Copy of letters acknowledging that an application for benefits has been made and if available, award of denial of application.

Assistance Type	Assistance Limits	Documents Required
Rent to include deposit & associated fees	• Maximum of 4 months in a **Rolling** 12-month period • If applications for rent assistance have not been made in the last 12 months and the request is for more than four (4) months, that application will go to the Commission.	Copy of lease and ledger detailing what is due to include eviction documents. Contact information for the landlord should be included. **Applicants name must be on the lease.** (W-9 REQUIRED)
Mortgage (Not in Foreclosure or going through the modification process)	• Maximum of 4 months of mortgage (including associated fees) in a **Rolling** 12-month period. • If applications for assistance have not been made in the last 12 months and the request is for more than four (4) months, that application will go to the Commission.	Mortgage statement, payment coupon showing account number and payment address. **Applicants name must be on the mortgage.** (W-9 REQUIRED)
Storage Fees	Maximum Storage Fee Assistance - 4 months in a ***Rolling*** 12-month period (Includes Deposit). No additional applications will be taken.	Copy of lease and ledger detailing what is due to include eviction documents. Contact information should be included. **Applicants name must be on the lease.** (W-9 REQUIRED)
Utilities	Eligible to apply one every 30 days	Copy of most recent utility bill showing name, account number, and statement balance.
Vehicle Repair	• Maximum of 1 vehicle repair per household in a ***Rolling*** 12-month period (No additional applications taken) Note – No application taken when the value is equal to or greater than 200% of the Kelley Blue Book Value - Fair Condition, Private Party.	At least one estimate no older than 30 days. Milegage required on estimate. Verification of current Ohio license, insurance, and Ohio registration is required. (W9 Required)
Vehicle Payment	• Maximum car payments per household is three (3) in a ***Rolling*** 12-month period. No additional applications will be taken. • If applications for assistance have not been made in the last 12 months and the request is for more than four (4) months, that application will go to the Commission.	Payment coupon or credit union statement showing account number and address for payment. Verification of current Ohio license, insurance, and registration for the vehicle is required. (W-9 REQUIRED)
Moving Assistance	Maximum one (1) move in a ***Rolling*** 24-month period unless for eviction with Supervisor approval	Two estimates from moving companies willing to accept County payment after the move is complete. (W-9 REQUIRED)

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How To Apply for Assistance

1. Online request for appointment - **https://vets.franklincountyohio.gov/**
   - **Submitting this request does not complete the financial assistance application process.** This request allows us to contact the applicant to determine the scope of the need.
2. To speed the financial assistance process, it is recommended the applicant complete our Financial Assistance Request Form and submit that form with the required documents to vsc.intake@franklincountyohio.gov. The form can be picked up at Memorial Hall and the request with documents can be placed in our drop box.

Walk In or Same Day Appointments for Financial Assistance and VA Claim work are not currently available.

APPLICANT INFORMATION

Applicant is a Veteran ☐ Spouse ☐ Child of Veteran ☐			
First Name:	Middle Initial:	Last Name:	Date of Birth:
SSN:	Email:		Phone#:
Address:	City:	State: / Zip Code:	County:
First Time Applicant? Yes ☐ No ☐	Race: ☐ American Indian or Alaska ☐ Asian ☐ Black or African American ☐ White/Caucasian ☐ Native Hawaiian or Other Pacific Islander		
Gender: ☐ Male ☐ Female Other			
Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino			
Is the Applicant in Subsidized Housing? Yes ☐ No ☐	Name of Person filling out the request		
Are you a Social Worker or Case Manager? Yes ☐ No ☐			

Request for Assistance:

Yes ☐ No ☐	Are one or more utilities currently shut off or do you have a disconnection notice?
Yes ☐ No ☐	Do you have a Notice to Leave, or an Eviction filed against you at your current residence?
Yes ☐ No ☐	Are in the process of modification or foreclosure on your mortgage?
Yes ☐ No ☐	Are you currently unemployed?
Yes ☐ No ☐	Do you plan to move to a surrounding county?

Assistance Category		Assistance Category		Assistance Category	
Rent	☐	Gas	☐	Dental Program	☐
Mortgage	☐	Electric	☐	Medical Transportation Program	☐
Food	☐	Water	☐		
Moving Expenses	☐			Work Boots	☐
Security Deposit	☐	Auto Repairs	☐	Work Clothing	☐
Move In Kit	☐	Auto Payment	☐	Military Service Records	☐
Property Taxes	☐	Income Verification	☐	DD-214	☐

PLEASE EXPLAIN WHY ASSISTANCE IS NEEDED

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A – MILITARY HISTORY – Please enter all periods of service

Branch of Service	Dated Entered Military	Date of Separation	Type of Discharge	Rank at Discharge

B. Do you receive a monthly check from the VA? Yes ☐ No ☐

C. Do you have a VA Social Worker? Yes ☐ No ☐

D. What is your VA treatment team color? _____

E - EMPLOYMENT HISTORY (Last 5 – 7 years to include the Spouse)

Name	Relationship to Applicant	Employer	Start Date	End Date	Hourly Rate	Hours Per Week

F - HOUSEHOLD INCOME: List all sources of income, for all household members, for the last 30 days:

Name	Relationship to Applicant	Source of Income	Monthly NET Amount

- Income statements, pay-stubs or statement from employer on the amount of income for most recent 30 days for ALL household members (Spouse, Disabled Adult Dependent, Government assistance for child, significant other.)
- Provide bank/pay card transaction history from ALL accounts (Checking, Savings, and pay cards) ALL household members. (Spouse, Disabled Adult Dependent, Government assistance for child, significant other).

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G - MONTHLY EXPENSES - List MONTHLY living expenses and how they are paid:

Monthly Expense	Monthly Amount	How does it get paid? (gift, loan, other)	Who Pays It	Contact Phone or E-mail
Rent or Mortgage				
Utilities				
Food				
Transportation				
Cell Phone				
Life Insurance				
Cable / Internet				
School Fees				
Other Expenses				
Medical				

I certify that all the information contained in this application is true, accurate, and I am aware that the Veterans Service Commission is relying upon this information in determining my eligibility for benefits, and that providing false information will subject me to criminal penalties or administrative sanctions.

I understand that false statements made on this application may lead to prosecution. I have completed and/or reviewed all information pertaining to my application for financial assistance and I certify that it is correct to the best of my knowledge.

I understand that I may be asked questions about my financial situation to include sources of income, spending, bank accounts and other financial transactions to validate my financial need for assistance.

Printed Name _____ Signature _____ Date _____

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Walk In or Same Day Appointments for Financial Assistance and VA Claim work are not currently available.

Memorial Hall
280 E. Broad Street
Columbus, OH 43215
614-525-2500 – Voice
614-525-2505 – Fax
E-Mail- vsc.intake@franklincountyohio.gov