

# Franklin County Veterans Service Commission

## Temporary Financial Assistance Request

Temporary Financial Assistance from the Franklin County Veterans Service Commission is available to meet an immediate, short-term need.

The Ohio Revised Code mandates that each application is reviewed to determine eligibility and the current financial need.

An application can be made every 30 days.

As a need-based program we

- Review your application to verify your situation.
  - Our process is dependent on having the information and documents requested on our checklist
    - Failure to provide the documents and information can stop or delay our ability to act on the application
  - Interview questions will be used to develop and understanding of the current financial situation and how the applicant will be able to sustain themselves going forward
- Requests for assistance that cannot be approved at the staff level will go before our Commission. Our Commission meeting are generally held each Wednesday
- Previous Applicants – As part of the review of your current request we will ask about previous referrals that may include Financial Coaching, Social Workers, Job Search Assistance, Job Search logs.

**Eligibility** - Financial Assistance applicants must meet one of the definitions of Veteran provided under the Ohio Revised Code 5901.

**90 Day Minimum Franklin County Residency Required.**

### Eligibility Categories (Including Survivors & Dependents)

- Active Duty Discharged/Released under honorable conditions
- Currently serving on active duty
- Have a recognized VA service-connected disability
- Reserve and National Guard member called to active duty by Presidential Order

**HOW TO APPLY – There are three ways to submit your request and documents**

1) E-Mail – [vsc.intake@franklincountyohio.gov](mailto:vsc.intake@franklincountyohio.gov) 2) Fax – 614-525-2505 3) Drop Box – Memorial Hall

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### Document Checklist

Below is a list of documents needed to review your application. The more complete your request, the faster we can process your application. The documents are important to validating the financial need

- **DD 214** - All 214's showing discharge(s) period(s) of honorable service
- **Dependents** - Marriage, Divorce, Death, and Birth Certificates. Adoption and Custody agreements
- **Proof of Income** – Statements, pay-stubs or statement(s) from employer(s) showing current household income. (Ideally for the last 30 days). (Includes Spouse, Disabled Adult Dependents, Assistance Award Letters)
- **Financial Transactions** - Bank or pay card printouts covering for the last 30 days.
  - Financial management applications such as PayPal, Zelle, CashApp, Apple Pay, etc.
    - Previous month's statement and screenshots from current month activity.
    - You may be asked to explain transactions
- **Rental Assistance** - Copy of lease and/or intent to rent, ledger or letter from landlord detailing what is due to include eviction documents. Contact information for the landlord should be included.
  - **Applicants name must be on the lease**
- **Mortgage Assistance** – Mortgage statement, payment coupon showing account number and address for the payment. **(Note - If you are undergoing modification of your mortgage, we cannot process your application until that process is complete)**
- **Utility Assistance** – Copy of most recent utility bill showing name, account number, and statement balance.
- **Car Repair** – At least one estimate no older than 30 days. Car repairs over the Kelly Blue Book value of the vehicle must go before the Commissioners.
- **Car Payment** – Copy of **car payment coupon or statement** showing account number and address for payment

**Note:** Car repairs and car payments require verification of current license, insurance, and registration for the vehicle. These documents should be submitted with the request for temporary assistance.

- **Moving Expenses** – At least two estimates, moving companies must be willing to accept County payment after the move is complete.

***IRS Form W-9 – The County cannot process payment for rent, mortgage, car repairs, car payments, moving expenses and storage units without a current W-9. These forms should be submitted with the request for temporary assistance. Failure to provide these documents can lead to denial of assistance.***

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### APPLICANT INFORMATION

Date \_\_\_\_\_

Are You a First Time Applicant? \_\_\_\_\_

Are You the Veteran? \_\_\_\_\_

Are You a Franklin County Resident? \_\_\_\_\_

Applicant Last Name \_\_\_\_\_

Applicant First Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Relationship to Veteran \_\_\_\_\_

Date of Birth- Veteran \_\_\_\_\_

# of Dependents in Home \_\_\_\_\_

Name of Veteran (If Not the Applicant) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Best Contact Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Best Time to Call? \_\_\_\_\_

Would You Prefer an In Person Appointment? \_\_\_\_\_

Do you have the ability to take video calls using Microsoft Teams? \_\_\_\_\_

Are you facing eviction? \_\_\_\_\_

Case # \_\_\_\_\_

Notice to Leave? Yes No

Yes No

Are you unemployed? Yes No

No

Are you homeless? Yes No

No

### MILITARY SERVICE INFORMATION

Branch of Service \_\_\_\_\_

Date Entered Military \_\_\_\_\_

Date of Separation \_\_\_\_\_

Rank at Discharge \_\_\_\_\_

Type of Discharge \_\_\_\_\_

Do you have more than one period of service? If yes, please provide all DD 214(s)

3

Memorial Hall  
280 E. Broad Street  
Columbus, OH 43215

614-525-2500 – Voice  
614-525-2505 – Fax

E-Mail- [vsc.intake@franklincountyohio.gov](mailto:vsc.intake@franklincountyohio.gov)

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### VA INFORMATION

Do you receive a monthly check from the VA? Yes No What Color Team Are You On?

Do you know if you have a VA Social Worker? Yes No \_\_\_\_\_

### REQUESTED ASSISTANCE

Rent Mortgage Utilities Gas Food  
Electric  
Water

Car Repair Car Payment Moving Expenses Work Clothing  
Haircut Card TV Antenna New Resident Kit Work Shoes/Boot  
Dental Program Vision Program Medical Transportation Service Documents  
Other

### PLEASE EXPLAIN WHY ASSISTANCE IS NEEDED

4

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### EMPLOYMENT, INCOME & EXPENSES

Provide job history and income your household. Income includes both earned income such as earnings from employment AND unearned income such as child support, other income not from employment, retirement, or any of the following benefits: OWF, SSI Social Security survivors or disability, VA, unemployment, workers comp. etc.

#### A - EMPLOYMENT HISTORY

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

#### B - 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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C - 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				
Cell Phone				
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