

**WAUPACA COUNTY VETERANS SERVICE COMMISSION
EMERGENCY GRANT APPLICATION**

**** FOR OFFICE USE ONLY ****

GRANT No: _____ Amount Approved: _____
 Approved by / date: _____ Type of Grant: _____

VETERAN / APPLICANT INFO:

Applicant's Name: _____ SSN: _____

Date of Birth: _____ Marital Status: _____

Address: _____

Telephone #: _____ Weeks / Months at current address: _____

IF APPLICANT IS NOT VETERAN, COMPLETE THE FOLLOWING:

Veteran's Name: _____ SSN: _____

Name Served Under: _____ DOB: _____

ASSISTANCE REQUESTED / EXPLANATION OF EMERGENCY:

Please Explain: your emergency, the type of assistance needed, and how this grant / assistance will help.

I understand I am eligible for a maximum of 3 hardship grants per calendar year for a total possible amount of up to \$900. If I elect to combine my grants in any amount over \$300, I agree to waive any remaining hardship grant amount I am eligible for in the calendar year.

I am requesting a hardship grant in the amount of: _____ Initials _____

As a stipulation of this grant, I acknowledge and agree to:

1. Seek additional assistance through the resources referred to me by the Waupaca County Veterans Service Office
2. Participate in financial counseling with Financial Information & Service Center, Inc. (FISC) with a financial counselor of that company at no cost to me by calling 800-366-8161 M-F 8a-3p.

Initials _____

OTHERS LIVING WITH THE APPLICANT:

Name	Relationship to Applicant	Age

MONTHLY INCOME (ALL HOUSEHOLD MEMBERS)

TYPE	APPLICANT	OTHERS IN HOUSE
Wages / Salary	\$	\$
Pension	\$	\$
VA Pension or Compensation (circle one)	\$	\$
Social Security	\$	\$
Workers Comp/Unemployment Comp & Exp. Date	\$	\$
Food Stamps	\$	\$
Other Income / Financial Assistance	\$	\$
Total:	\$	

MONTHLY EXPENSES

Rent/Mortgage Payment (include taxes & insurance)	\$	Garbage Pick-up	\$
Food	\$	Transportation - gas / maintenance	\$
Utilities (heat & electric)	\$	Vehicle Insurance	\$
Telephone	\$	Vehicle Loan	\$
Water & Sewer	\$	Debt / Loan Payment	\$
Insurance Premiums (health & life)	\$	Child Support / Alimony / Maintenance	\$
Cable / Internet	\$	Other (explain)	\$
Medications (prescribed / non-prescribed)	\$	Other (explain)	\$
Total:	\$		

ASSETS

Cash & Checking	\$	Vehicle - Year/Make/Model	\$
Savings, CDs, Stocks & Bonds, etc.	\$	Vehicle - Year/Make/Model	\$
IRAs or Other Retirement Funds	\$	Other Assets	\$
Value of Property (other than residence)	\$	Other Assets	\$
Total:	\$		

Name and address of business or person voucher is to be made out to (i.e. grocery store, convenience store, gas station, landlord, utility company, etc):

**** INCLUDE COPY OF BILL FOR CONSIDERATION ****

Signed before me this _____ day of _____ 2017

I certify that the above information is correct, complete, and true:

Notary Public

Applicant's Signature

County, Wisconsin

My Commission Expires: _____

WAUPACA COUNTY VETERANS SERVICE COMMISSION

EMERGENCY GRANT - STAFF PROCESSING SHEET

**** FOR OFFICE USE ONLY ****

Applicant / Veteran Name: _____

Grant Number: _____ Amount Requested: _____

Received by: _____

Date / Time Received: _____

Type of Relief Requested: _____

Does the applicant meet the qualification of veteran / dependant as outlined in the 09/23/2016 WCVSC policy?

YES NO

If "No" explain why not: _____

What additional resources has the applicant pursued?

- | | | |
|--|--|--|
| <input type="checkbox"/> ENERGY ASSISTANCE | <input type="checkbox"/> DWD - EMPLOYMENT | <input type="checkbox"/> TRANSPORTATION - ADRC |
| <input type="checkbox"/> BADGER CARE | <input type="checkbox"/> SSVF - EVICTION / HOUSING | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> FOOD SHARE | <input type="checkbox"/> FOOD PANTRY | |

What referrals were made at the time of application?

- | | | |
|--|--|--|
| <input type="checkbox"/> ENERGY ASSISTANCE | <input type="checkbox"/> DWD - EMPLOYMENT | <input type="checkbox"/> TRANSPORTATION - ADRC |
| <input type="checkbox"/> BADGER CARE | <input type="checkbox"/> SSVF - EVICTION / HOUSING | <input type="checkbox"/> VETS HELPING VETS |
| <input type="checkbox"/> FOOD SHARE | <input type="checkbox"/> FOOD PANTRY | <input type="checkbox"/> OTHER |

How did vet learn of the emergency grant program? _____

Additional Comments:

Previous Grant Applications:

COMMISSION DETERMINATION / AUTHORIZATION

- | | | | |
|-----------------------------------|---------------------------------|-------|--------------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | _____ | CVSO |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | _____ | COMMISSIONER |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | _____ | COMMISSIONER |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | _____ | COMMISSIONER |