

**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.

AMOUNT REQUESTED: _____

The maximum emergency grant amount is \$300 at this time.

OTHERS LIVING WITH THE APPLICANT:

Name	Relationship to Applicant	Age

AS A REQUIREMENT OF RECEIVING AN EMERGENCY GRANT I AGREE
TO PARTICIPATE IN F.I.S.C., AT NO EXPENSE TO ME.

I agree to attend the required F.I.S.C financial counseling: _____

**** PLEASE PROVIDE THIS OFFICE WITH A COPY OF DD214 OR MILITARY DISCHARGE PAPERS****

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 (grocery store, convenience store, gas station, landlord, utility company, etc):

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

Signed before me this _____ day of _____ 2016

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

Notary Public

Applicant's Signature

County, Wisconsin

My Commission Expires: _____