



## SIoux COUNTY, IOWA VETERANS ASSISTANCE APPLICATION

### **EXPLANATION AND INSTRUCTIONS**

Sioux County's Veteran's Assistance program may be able to assist resident veterans who were honorably or generally discharged from their military service, who find themselves in need of temporary, emergency-type financial assistance to help pay for the necessities of life, ie. utilities, shelter, food, due to circumstances beyond their control.

This program is available to veterans who meet the income guidelines established by the county, and who have a plan in place to meet their financial needs after the assistance is provided. Each application is reviewed on an individual basis to determine eligibility for assistance.

**Veterans facing temporary financial hardship who wish to apply for county assistance should complete page 1 of the following application and send it, along with a copy of the bill or bills they would like assistance with (rent assistance requests require landlord verification of monthly payment due) AND a certified copy of their military discharge to:**

**Sioux County Veterans Affairs  
PO Box 233  
Orange City, IA 51041-0233**

Questions about this program or the application process may be directed to Sioux County Veterans Affairs, or an appointment may be made to visit in person with the county Veterans Affairs Director, by calling 1-712-737-2999.

Our office is located on the 1<sup>st</sup> floor of the courthouse, at 210 Central Avenue SW, Orange City, Iowa.



# SIoux COUNTY, IOWA VETERANS ASSISTANCE APPLICATION

Veteran's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell/Work # \_\_\_\_\_

Reason for request (why are you unable to pay your bills at this time)? \_\_\_\_\_

How will you pay these bills next month? \_\_\_\_\_

If you are unemployed: how long have you been without a job? \_\_\_\_\_ Are you looking for work? \_\_\_\_\_

If not, do you have a doctor's order stating you cannot work? \_\_\_\_\_ Reason you cannot work: \_\_\_\_\_

Have you received assistance to pay your bills in the past 24 months from any other source(ie. Mid-Sioux Opportunity, friends, relatives)? \_\_\_\_\_

### VETERAN SERVICE RECORD

Date of Entry \_\_\_\_\_ Branch \_\_\_\_\_

Date of Discharge \_\_\_\_\_

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

Do you have a Service Connected Disability?: Yes ( ) No ( )

WWI ( ) WWII ( ) Korea ( ) Vietnam ( ) SW Asia ( )

Peacetime ( ) Other ( ) list \_\_\_\_\_

Remarks \_\_\_\_\_

Length of legal residence in: Iowa \_\_\_\_\_ Sioux County \_\_\_\_\_

### PERSONAL DATA

Birthdate, Spouse \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Date Marriage ended \_\_\_\_\_

Reason Marriage ended \_\_\_\_\_

Insurance: Hospital \_\_\_\_\_

Medical \_\_\_\_\_

Rx Drug \_\_\_\_\_

### DEPENDENT CHILDREN

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

### ASSETS

Home \_\_\_\_\_ Value \_\_\_\_\_

Mortgage Balance \_\_\_\_\_ Equity \_\_\_\_\_

Other Real Estate Value \_\_\_\_\_

Checking Account Yes ( ) No ( ) Current Balance \$ \_\_\_\_\_

Savings Account Yes ( ) No ( ) Current Balance \$ \_\_\_\_\_

Securities, Bonds, Etc. Total Value: \$ \_\_\_\_\_

### INCOME AND RESOURCES

|                                 | \$ | Veteran | Spouse   |
|---------------------------------|----|---------|----------|
| Compensation or Pension:        | \$ | _____   | \$ _____ |
| Social Security Income:         | \$ | _____   | \$ _____ |
| Direct Aid (ie. Food stamps)    | \$ | _____   | \$ _____ |
| Utility/Rent Assistance         | \$ | _____   | \$ _____ |
| Interest, Rents, etc. RECEIVED: | \$ | _____   | \$ _____ |
| Private Earnings (wages etc.)   | \$ | _____   | \$ _____ |
| Child support                   | \$ | _____   | \$ _____ |
| Any/All Other Income            | \$ | _____   | \$ _____ |
| IPERS/ other retirement income  | \$ | _____   | \$ _____ |

### AMOUNT CURRENTLY OWED OR SPENT PER MONTH FOR:

|                            |                            |
|----------------------------|----------------------------|
| Rent: \$ _____             | Food: \$ _____             |
| Heat: \$ _____             | Electric: \$ _____         |
| Water/Sewer/Grbg: \$ _____ | Pharmacy: \$ _____         |
| Medical bills: \$ _____    | Dental bills: \$ _____     |
| TV/Internet: \$ _____      | Cell Phone: \$ _____       |
| Vehicle Payments: \$ _____ | Boat/Camper, etc: \$ _____ |
| Credit Cards: \$ _____     | School Tuition: \$ _____   |

### AMOUNT REQUESTED FOR NECESSITIES:

|                           | Amount Requested | Date Due | For office Use:<br>Amount Approved |
|---------------------------|------------------|----------|------------------------------------|
| Rent: .....               | \$ _____         | _____    | \$ _____                           |
| Heat: .....               | \$ _____         | _____    | \$ _____                           |
| Electric: .....           | \$ _____         | _____    | \$ _____                           |
| Water/Garbg/Sewer: ...    | \$ _____         | _____    | \$ _____                           |
| Food: .....               | \$ _____         | _____    | \$ _____                           |
| Prescription Drugs: ..... | \$ _____         | _____    | \$ _____                           |
| Medical: .....            | \$ _____         | _____    | \$ _____                           |
| Other: .....              | \$ _____         | _____    | \$ _____                           |
| Other: .....              | \$ _____         | _____    | \$ _____                           |

I, \_\_\_\_\_ state that I have heard and/or read the above form and the matters therein set forth are true and complete.

\_\_\_\_\_  
Veteran's Signature

\_\_\_\_\_  
Date

