



VETERANS ASSISTANCE COMMISSION

1504 3RD Avenue

Rock Island, IL 61201

(309) 558-3547

(309) 558-3548 Fax

Todd Harlow – Superintendent

APPLICATION FOR EMERGENCY AND INTERIM ASSISTANCE

VETERAN'S PERSONAL INFORMATION

FAILURE TO ANSWER EACH QUESTION MAY DELAY RECEIPT OF ASSISTANCE!

VETERAN'S NAME (First, Middle, Last)		Veterans S.S. #	
		- -	
Living Arrangement: <input type="checkbox"/> Living with Friends <input type="checkbox"/> Homeless <input type="checkbox"/> Renting <input type="checkbox"/> Own <input type="checkbox"/> Living with Relatives / Renting a room from them			
Date of Birth / /	Place of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Street Address	City	State	Zip Code
Phone Number: ()			

MILITARY SERVICE INFORMATION

Branch of Service	Discharge Type
Purple Heart <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving disability retirement pay instead of VA compensation? <input type="checkbox"/> Yes (attach proof of last months compensation) <input type="checkbox"/> No	
VA Service-Connected Rating <input type="checkbox"/> Yes _____ % (attach proof of last months compensation) <input type="checkbox"/> No	

I certify under the penalty of perjury that the information I have provided on this application form is the truth to the best of my knowledge.

Signature of Applicant

Date

VETERAN'S EMPLOYMENT INFORMATION

Currently Working? Yes No **If yes, attach proof for the last month's earnings**
 Name of Current Employer _____ Date of Hire ____/____/____
 Employer's Address _____ City _____ State _____
 Number of hours worked weekly _____ How often are you paid? _____
 Net Pay _____ **Attach proof of last month's earning**

Not Working?
 Receiving unemployment benefits? Yes No **If yes, attach proof for the last month's earnings**
 Are you receiving SSI or SSDI? Yes No **If yes, attach proof for the last month's earnings**
 Are you receiving Public Aid Food Stamps? Yes No Amount _____

VETERAN'S CONVICTION INFORMATION (IF APPLICABLE)

In the last ten (10) years, have you been convicted: Yes No
 Felony Alcohol or Drug Related Offense
 Crime involving dishonesty (such as perjury, fraud, or passing bad checks)
 If yes, list offense(s), the County, State of crime/conviction, and punishment relating to each conviction.

Offense _____	Punishment _____
City _____ State _____	
Offense _____	Punishment _____
City _____ State _____	

SPOUSE'S (EMPLOYMENT INFORMATION)

(Need Marriage Certificate)

Spouse's Name (First, Middle, Last)	Date of Birth
	/ /

Is spouse on SSI or SSDI: Yes No **If Yes, attach proof for the last month's earnings**
 Is spouse a Veteran? Yes No

HOUSEHOLD SIZE AND INCOME

List "All" other people currently residing in the household and their income

(If you need more room attach another sheet of paper)

Name (First, Middle, Last)	Social Security #	Date & Place of Birth	Working Y/N	Net Income

APPLICANTS must give true and complete information. If an applicant willfully misrepresents, lies or provides false information to qualify for or receive assistance, the VAC may permanently deny the applicant benefits. If an applicant attempts to receive any benefits based on false or fraudulent information, that applicant may also be fined, charged with a crime and/or reported to the Internal Revenue Service (IRS)

Red-flagged: _____ A determination by the VAC that an applicant will be denied services for a minimum of twelve (12) consecutive months. This determination may be made where: a) the applicant misrepresented themselves to receive assistance, b) Applicant harassed, intimidated or was verbally/physically abusive toward the VAC staff.

I certify under the penalty of perjury that the information I have provided on this application form is the truth to the best of my knowledge.

Signature of Applicant

Date

If this application was initiated by someone else on behalf of the applicant, please sign below:

Signature of Initiated Applicant

Relationship

Date

Address

City

State

Zip

Please explain reason for assistance: _____

APPEAL RIGHTS:

If you the applicant, disagree with the determination of this office, you may file an appeal to the executive committee of the ROCK ISLAND COUNTY VAC. Your appeal must be filed in this office within **nine (9) days** after the date of the aforesaid determination.

STATEMENT OF ASSISTANCE: I _____ (APPLICANT) AM AWARE THAT THIS ASSISTANCE IS AN EMERGENCY AND INTERIM FINANCIAL ASSISTANCE PROGRAM AND SHALL NOT BE CONSIDERED AS AN ONGOING FINANCIAL SUPPORTIVE PROGRAM.

PLEASE INITIAL THAT YOU UNDERSTAND: _____

VETERANS ASSISTANCE COMMISSION OF ROCK ISLAND COUNTY WILL PROVIDE FOR SAID VETERAN _____ EMERGENCY AND INTERIM PERIOD OF TIME ASSISTANCE. ASSISTANCE TO BEGIN ON: (DATE) _____.

VETERANS ASSISTANCE STAFF'S INITIALS _____.



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of Rock Island County
1504 3rd Avenue
Rock Island, IL 61201
(309) 558-3547 (309) 558-3548 Fax
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize any person, bank, firm, corporation, transfer agent, agency, institution or the Bureau of Illinois Department of Public Aid (separate form to sign for authorization) to furnish the

**VETERANS ASSISTANCE COMMISSION
OF
ROCK ISLAND COUNTY**

Any request relative to accounts, deposits, investments, securities, or business of any kind whatsoever.

Signature

Date

On this date personally appeared before me,

And he/she acknowledged the foregoing affidavit and release as his/her free and voluntary act for the use and purpose therein contained on this

_____ Day of _____ 20____

NOTARY PUBLIC
