

## COMMISSION OF VETERANS AFFAIRS

Gary Boseneiler, Director	Larry Hingtgen
Bill Blanchard, Chairperson	Mandy Coates
JoAnne Downes, Secretary	Chad Gerdes

Johnson County Commission of Veterans Affairs Assistance program may be able to assist Veterans or their spouses up to three months who were Honorably discharged from their military service who find themselves in need of temporary financial assistance. The Johnson County Veterans Affairs Commission has the right to deny assistance if an applicant has misrepresented themselves or if any part of this claim is determined fraudulent. You have the right to appeal this decision with the Johnson County Commission of Veterans Affairs at our monthly meeting.

### ELIGIBILITY IS DETERMINED BY:

- DD-214 or applicable discharge papers
- Verification of Johnson County residency i.e. rental agreement/lease or utility bill
- Household income for past 4 weeks (bank statements, pay stubs, tax statements, social security disability, etc.)
- Doctors note if indicating inability to work
- Marriage certificate, birth certificate for minor children, or social security numbers if claiming dependents
- Signed Consent to Release Information form
- Third Party Statement, Iowa Workforce Development registration/job search log, verification applicant has applied for Food Assistance (**required for subsequent assist**)

### ASSISTANCE POLICIES:

- Rent payment will not be made to a parent or child if living with them unless total household income is under the 100% poverty level
- Payment is not authorized if receiving funds from General Assistance
- Rent and utilities are for current month's bill only, not deposits. I will call the utility company credit department and negotiate a promise to pay which typically equals the month's rent and a portion of the disconnect notice
- Verification of income, employment, and completion of required documents used to determine eligibility is required prior to approval of assistance

### APPLICANT INFORMATION

Veterans Name		Phone Number	
Address		Last 4 of SSN	
Address cont:		3 initials	

### APPLICANT INFORMATION CONTINUED

E-mail address			
Branch		Character of discharge	
Date of entry		Date of discharge	
Dependents			
Name/SSN		Age	
Name/SSN		Age	
Name/SSN		Age	

### CONSENT TO RELEASE OR EXCHANGE INFORMATION

I (we) authorize communication or release of confidential information by Johnson County, or its duly appointed representatives, to any individuals, institutions, businesses, and/or agencies necessary for determining eligibility for assistance, billing reimbursement purposes.

I (we) understand that I (we) have the right to inspect the disclosed information at any time. I (we) understand that this consent will remain in force until termination of assistance from Johnson County Commission of Veterans Affairs.

I (we) consent to and authorize any local, state, or government agency, private business, firm, agency, bank, trust company, postal savings department, insurance company, financial institution, or other applicable agencies to share information.

I (we) understand that I (we) may revoke the CONSENT TO RELEASE AND EXCHANGE INFORMATION at any time. I (we) do hereby and forever release and discharge all of the individuals, institutions, businesses, agencies, and JOHNSON COUNTY IOWA, its agents and employees, from any liability for releasing information whether such information is deemed confidential or not. A photo copy of this form shall be considered the same as the original.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Summarize your reason for this request and what your goals are:

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If you are unemployed, how long have you been without a job?

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Have you filed a Veterans Affairs Federal Compensation or Pension claim? (explain)

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If not seeking employment due to a medical condition, do you have a doctor's note?

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Have you submitted 4 weeks of combined household income i.e. (bank statements, pay stubs, social security, disability, VA award letter, or tax statements for self-employed?

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Have you submitted your marriage certificate, birth certificates, or social security cards for dependents living with you?

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Have you returned your signed Iowa Workforce Development form or your Job Search Form? (might be required for subsequent assist (s))

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Have you returned your Third Party Statement? (might be required for subsequent assist (s))

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Have you returned verification that you have applied for Food Assistance? (might be required for subsequent assist (s))

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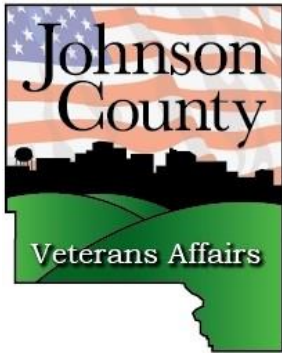
## VETERAN INFORMATION CONTINUED

Income (last 4 weeks)	Household Income/Expenses			Household Income/Expenses		
	Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
Wages/Salary	\$	\$	\$	\$	\$	\$
VA Compensation/Pension	\$	\$	\$	\$	\$	\$
Social Security/SSI/SSDI	\$	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$	\$
Food Assistance	\$	\$	\$	\$	\$	\$
Private Earnings (cash)	\$	\$	\$	\$	\$	\$
HUD Housing (sect 8)	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
Other programs, pension, etc	\$	\$	\$	\$	\$	\$
<b>Expenses (last 4 weeks)</b>						
Rent	\$	\$	\$	\$	\$	\$
Food	\$	\$	\$	\$	\$	\$
Utilities	\$	\$	\$	\$	\$	\$
Internet, cable, phone	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
Medical	\$	\$	\$	\$	\$	\$
Automobile related	\$	\$	\$	\$	\$	\$
Insurance	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$

<b>Case Notes:</b>

**Fraudulent information may result in assistance being denied, applicant can re-apply in six months.**

**Signature:\_\_\_\_\_Date:\_\_\_\_\_**



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### THIRD PARTY STATEMENT

This is a verification of applicant's address and financial situation. A friend, relative or agency may complete this form. *Please print*

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Applicant has lived at the above address for how long: \_\_\_\_\_

Name of person/agency completing this form: \_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_ Phone number: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

To my knowledge this applicant is Single ☐ Married ☐

To my knowledge this applicant has children: \_\_\_\_\_ if so how many: \_\_\_\_\_

The applicant is seeking assistance due to: \_\_\_\_\_

Source of Income: \_\_\_\_\_

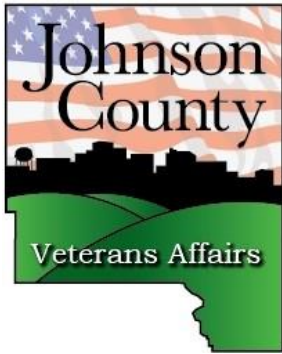
I do hereby verify that this applicant is in need of emergency assistance by Johnson County Commission of Veterans Affairs (must fill in a reason): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To your knowledge the applicant:

Works part time:	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Receives SSI/SSDI/Social Security:	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Receives a Pension:	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Receives a VA Pension/Compensation:	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Works for the landlord:	yes	<input type="checkbox"/>	no	<input type="checkbox"/>

Other: \_\_\_\_\_



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### **IOWA WORKFORCE DEVELOPMENT REGISTRATION**

Take this paper to: IOWA WORKS at Eastdale Mall  
1700 1<sup>st</sup> Ave, Suite 11B Iowa City, IA 52245  
(319) 351-1035

This paper must be taken to Iowa Works and filled out by a representative and signed.  
Workforce representatives may also be available for help with employment issues.

Name of  
Veteran \_\_\_\_\_ SS# \_\_\_\_\_

### **IOWA WORKS REPRESENTATIVE TO COMPLETE BELOW**

Is the above named veteran registered with Workforce Center? yes ☐ no ☐

Applied for Job Insurance benefits? yes ☐ no ☐

If receiving or will receive benefits indicate amount per week: \_\_\_\_\_ date: \_\_\_\_\_

Did this person quit? yes ☐ no ☐ Terminated? yes ☐ no ☐ If yes-date? \_\_\_\_\_

If not receiving benefits please indicate reason why.

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### **APPLICANTS THAT ARE ELIGIBLE FOR UNEMPLOYMENT MUST FILE A CLAIM**

Any additional comments

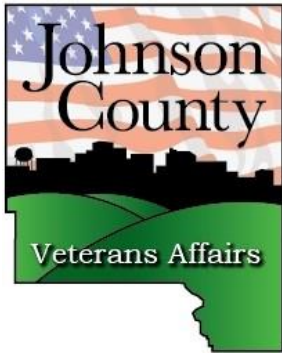
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Workforce Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your assistance in this matter.



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### JOB SEARCH FORM

Name: \_\_\_\_\_

Date Issued: \_\_\_\_\_

An active job search is required. Your future assistance is dependent upon verification of active job search. Assistance will not be granted without a full verification of job applications. Calls will randomly be placed to employers to verify an application has been received by them. Please record all job applications and provide this list for any future assistance appointments. A minimum of 10 applications required. All information must be provided below.

Employer:	Hiring Manager / HR:	Phone number / E-mail address:	Date:	Notes: