



Introduction to the Kitsap County Veterans Assistance Fund

Dear Veteran,

The Kitsap County Veterans Assistance Fund (formerly known as the Soldiers and Sailors Relief Fund) is designed to help veterans with temporary emergency assistance.

Please use the following suggestions to make the process as effective as possible, and to maximize programs available to you and your family.

Your local Veteran Service Officer is a volunteer who is very knowledgeable about a variety of opportunities that may be available to you.

The service officer is an expert on applying to the county's Veterans Assistance Fund.

The service officer's role is to help you prepare your application and to serve as your advocate if needed.

Where to Start

Step one: Complete the forms on pages three through five, gather your supporting documents and bring all of them with you when you meet with a service officer.

Step two: Ask the service officer if you might be eligible for benefits from the federal Department of Veteran Affairs.

Step three: Ask the service officer if the local VFW or American Legion post or its national organization might have a program that meets your needs.

Step four: Ask the service officer to help you apply to the county assistance fund.

Under this step, the service officer will ask you to provide required written documentation to support your request. *See the reverse side.*

The more documentation you can provide, the faster your application can be processed – *and you might be eligible for more services!*

If you are unemployed, not collecting unemployment and able to work, you will need to register with the Veterans Jobs Service Section at the WorkSource office at 1300 Sylvan Way in Bremerton (across the street from the Kitsap County Library). They will give you documentation to prove you have registered with them. This requirement does not apply if you have been determined by a state or federal agency to be fully disabled or are enrolled in a training program.

Once you have collected all your paperwork, the service officer will review it and help you make an appointment with Kitsap Community Resources (KCR). KCR will make a determination of your eligibility and process your application for the county assistance fund OR/AND several other programs they provide.

Appeal process: If you feel you have been inappropriately denied funding, consult with your service officer if you should file an appeal.

REQUIRED DOCUMENTATION FOR VETERANS ASSISTANCE FUND (VAF) AND KITSAP COMMUNITY RESOURCES (KCR)

This process may seem burdensome, but an hour or two spent organizing your financial documentation could lead to several hundred dollars in benefits. The VAF is administered through Kitsap Community Resources. KCR also receives funding to run a variety of other programs for which you might be eligible. However, their other grants also require additional documentation from you. Depending on your eligibility, you may be able to receive funding from both the VAF and KCR programs.

Veterans Assistance Fund

- DD214, VA statement of service, or Certificate of Discharge
- If married, marriage certificate, birth certificates or adoption papers of dependent children.
- Kitsap resident at time of application and 12 consecutive months residency in Washington state.
- Registered with WorkSource or in a recognized training program or school
- Income and expenses verification that demonstrates why you are in need.
 - Income:* All income must be documented, retirement benefits, disability, unemployment check stubs, pay check stubs, income tax records, social security, VA benefits, award letters for food stamps. etc.
 - No Income:* If you claim no income, you must provide a 'work history' from the employment office.
 - Expenses:* monthly bills, rental or mortgage agreement, medical bills, utilities, letters threatening eviction of cutting off service. etc. Handwritten documents are not acceptable.

Kitsap Community Resources Programs (optional). Because of grant requirements, KCR will need to document the number of people in your household as well as yourself, including non-family members. KCR may need up to 3 months of income verification.

- Employed: All check stubs or payroll print out showing gross pay for all household members 18 and older.
- Self-employed: Business earnings minus IRS recognized expenses. KCR self-employment form must be completed prior to appointment. Rental Income: Rental agreement or copy of receipts from tenant.
- Public assistance (TANF/GAU/REFUGEE): Most current award letter/printout showing grant amount.
- Social Security, Veterans Benefits, Pension or Retirement: You must bring a current award letter, copy of checks, or bank statement if direct deposited for the periods requested.
- L&I: Print out of payment history. Can be obtained at 500 Pacific Ave St #400 in Bremerton. Phone: 415-4000.
- No Income? If you claim no income, you must provide a 'work history' from the unemployment office.
- Alimony /Receiving/paying Child Support: Copy of checks, divorce decree or statement from child support enforcement showing current amount.
- School identification for anyone 18 years or older enrolled in school
- Copies of Social Security cards for everyone in household
- Copies of photo ID cards for everyone 18 or older in the household
- Any overdue/unpaid bills showing need for assistance

The County Veterans Assistance Fund has income eligibility requirements, which you will have to document. To help get you through your first appointment in a timely manner, please respond to the following:

INCOME

1. List your total household, including spouse, income for the past 30 days, including any day work or work that was paid in cash:

Work income \$ _____

Pension, unemployment, SSI, VA health, or other benefit income \$ _____

Any other income \$ _____

Total Household Income: \$ _____

DEDUCTIONS

2. Deductions include expenses during the past 30 days that support the health, the dependents, and the /or the education of a veteran:

Garnishments from the IRS, bankruptcy proceedings, or benefit overpayments. \$ _____

Payment of child and spousal support including delinquent support payments. \$ _____

Medical expenses including but not limited to medical or dental procedures, doctor visit co-pays, durable medical equipment (e.g. cane, crutches, walker, wheelchair), dental equipment (e.g. dentures), optical equipment (e.g. glasses), insurance premiums, and prescription costs \$ _____

Educational expenses including, but are not limited to tuition and schoolbooks of the veteran. \$ _____

Daycare expenses include licensed daycare facilities and kinder-care. Clients that receive a subsidy from DSHS for childcare will be required to provide a letter from DSHS that shows the monthly co-pay. \$ _____

Legal expenses include, but are not limited to court fees and lawyer fees for the veteran and the veteran's dependent. Do not include fines or damages for civil cases. \$ _____

Total Deductions \$ _____

NET HOUSEHOLD INCOME (income minus deductions) \$ _____



KITSAP COUNTY VETERANS ASSISTANCE FUND APPLICATION

Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Address: _____
Street name and number City State Zip

SERVICE

Branch of Service: _____ Date Entered Service: _____

Date of Discharge: _____ Place of Discharge: _____

Type of Discharge: _____ Military Service No.: _____

Era: Iraq/Afghanistan Gulf War/Bosnia Viet Nam Korea WWII

Other _____

Have you received assistance from the Veterans Assistance Fund before? Yes No

What for: _____ Date: _____ Amount Received: _____

FAMILY

Marital Status: Married Single Widow/Widower Divorced Other

Spouse name: _____
Address if different than yours. _____

Names, ages, and addresses of children and other persons dependent on you:

Do dependant(s) reside with you? _____ Do you have room mates? _____

Are you working? YES NO Is your spouse working? YES NO

Your Employer: _____ Address _____

Spouse Employer: _____ Address _____

Briefly indicate what type of assistance you want from this agency: _____

SECTION 8 APPLICANTS SEEKING RENTAL ASSISTANCE: If you are enrolled in a Section 8 program, contact your housing specialist to ensure you are not jeopardizing your Section 8 funding by applying for veteran assistance funds.

LIST BELOW, FOR YOU, YOUR SPOUSE, AND DEPENDENTS ANY MONTHLY INCOME/EXPENSE:

**All residents in the household shall be considered as income contributors, include income below.

Amount	<u>INCOME</u>	Amount	<u>EXPENSES</u>
	Full or Part Time		Rent/House Payment
	Welfare		Fuel/Oil
	Food Stamps		Electricity
	VA Pension/Compensation		Doctor
	Social Security: Veteran		Dentist
	Social Security: Spouse		Hospital
	Social Security: Children		Medicine
	Social Security: Widow/er		Soc. Sec. Overpayment
	Unemployment		VA Overpayment
	Child Support/Income		Child Support/Expense
	Retirement (if pending current amount)		Food
	Property		Phone
	Other (Explain)		Other (Explain)
	Assistance from other agencies/charitable organization		
	TOTAL INCOME		TOTAL EXPENSES

Are you renting or buying? _____ Phone number of landlord or property owner: _____

Name & Address of Property Owner: _____

Name of Landlord or Property Manager: _____

Address: _____

STREET OR PO BOX

CITY

STATE

ZIP

I, the undersigned swear or affirm that the answers to the questions hereon are true and correct and I understand that should they be proven false upon investigation I may forfeit my right to assistance under the Veterans Relief Act of the State of Washington and incur such other penalties as may be prescribed by law.

Signed: _____

(Applicant)

Date

Service Officer Comments:

I, hereby certify that to the best of my ability I have made proper investigation of the above request for assistance and recommend payment thereof.

Signed: _____

Service Officer

Post

Date