

**Trinity County Veterans Service Office  
Fund For Veterans' Assistance Application**

**APPLICATION INFORMATION**

Last Name:		First Name:		MI:	Age:	Gender:
Social Security Number:	Date of Birth:	Race: Asian (A), Black (B), Caucasian (C), Native American or Alaska Native (NA), Native Hawaiian or Pacific Islander (PI), Mixed Race (MR)	Ethnicity: Hispanic or Latino (H), Not Hispanic or Latino (NH)		Cell / Home Phone Number: ( )	
Address:		City:	State:	Zip Code:	Work Number: ( )	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other						Email Address:
Last Grade Completed?		US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	SNAP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	Referral: <input type="checkbox"/> Self   or <input type="checkbox"/> Other	
Household Size:	Have you applied here before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Employer / School			How long have you lived in Trinity County?

Are you or anyone in the household a  Veteran,  Surviving Spouse, or  Dependent of a Veteran?

**SPOUSE / PARTNER INFORMATION**

Last Name:		First Name:		MI:	Age:	Gender:
Social Security Number:	Date of Birth:	Race: Asian (A), Black (B), Caucasian (C), Native American or Alaska Native (NA), Native Hawaiian or Pacific Islander (PI), Mixed Race (MR)	Ethnicity: Hispanic or Latino (H), Not Hispanic or Latino (NH)		Cell / Home Phone Number: ( )	
Last Grade Completed?		US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	SNAP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Number: ( )	
Have you applied here before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Employer / School			How long have you lived in Trinity County?	Email Address:

**ASSISTANCE REQUESTED (Check the box for what you need help with)**

**Do Not Complete: For Department Use Only**

<input type="checkbox"/> RENT <input type="checkbox"/> UTILITIES <input type="checkbox"/> FOOD <input type="checkbox"/> ASSISTIVE TECH  <input type="checkbox"/> TRANSPORTATION  <input type="checkbox"/> VEHICLE REPAIR <input type="checkbox"/> VEHICLE INSURANCE PAYMENT  <input type="checkbox"/> OTHER: _____	<b>Last Assistance</b>	
	Screener Initials:	Outcome of the Screen: S/D    Appt.
	Appointment Date:	Time:
	Comments:	

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**HOUSEHOLD MEMBERS INFORMATION (Include all other persons living in the household)**

Name	Relation to You?	Social Security Number	Date of Birth	U.S. Citizen?	Employer/School	Last Grade Completed?	Receiving Benefits?	Disabled?
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**FACT INFORMATION**

Are you scheduled for disconnection? **Check One:**  YES  NO If yes, when?

Do you qualify for a Housing Assistance Program (HUD, Voucher, etc.)? **Check One:**  YES  NO

Are your services off?  YES  NO

Do you have a late notice or eviction notice?  YES  NO

Are you homeless?  YES  NO

**EXPLAIN EMERGENCY SITUATION**

**Income / Benefits FOR ALL HOUSEHOLD MEMBERS**

**MONTHLY EXPENSES**

Gross Wages: \$	Unemployment: \$	Rent/Mortgage: \$	Phone: \$	Car: \$
TANF: \$	Alimony: \$	Electric: \$	Cable/Internet: \$	Fuel: \$
SSI: \$	Child Support: \$	Water: \$	Child Care: \$	Car Insurance: \$
Social Security: \$	Retirement: \$	Gas: \$	Medical: \$	Credit Cards: \$
Worker's Comp: \$	Other Income: \$	Household Supplies: \$	Loans: \$	Furniture: \$
VA Benefits: \$	Cash on Hand: \$	Food: \$	Burial Plan: \$	Transportation: \$
Financial Aid: \$	Other: \$	Life Insurance: \$	Laundry: \$	Other: \$
SNAP: \$	<b>TOTAL: \$</b>	Appliances: \$	<b>TOTAL: \$</b>	

- All of our services are voluntary. It is your choice to participate.
- Financial assistance is not guaranteed. No one is entitled to financial assistance.
- If we cannot assist you, we will explain why and offer referrals to other agencies if appropriate.

I certify that the above information is correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_