



Lancaster County Veterans Council Financial Assistance Request Program

Please complete:

- Financial Assistance Form and
- VA Form 21-22 and
- Sign Release of information form, and
- provide needed documentation to support request.

Please return completed packet to the Lancaster County Veterans Affairs Office.

Lancaster County Veterans Affairs
1033 West Meeting St, Lancaster SC 29720
PO Box 1809, Lancaster SC 29721
Fax: 877-636-5278
Phone: 803-283-2469
VAOffice@lancastersc.net

Eligibility to Receive Funds from Lancaster County Veterans Council

1. The Veteran must have at, at least, successfully graduated from Basic Training from one of the branches of Military Service.
2. The Veteran must still be serving, or have been discharged from any branch of Military Service under conditions other than Dishonorable.
3. The applicant for assistance must have applied through the Lancaster County Veterans Affairs Office. The application for assistance must follow the process approved by the Board, including the submission of financial data and a Consent for release of the financial data to the Trustees for the purposes of evaluating the request.
4. The maximum amount to be awarded by the Council for each request for assistance shall be \$750. Except for the direct presentation of Food Cards, Gas Cards, or Travel Vouchers, no disbursements shall be made directly to applicants. Instead, disbursements shall be made to creditors on the applicant's behalf when supported by appropriate documentation.
5. The Council shall not consider requests for assistance from any Veteran, or Veteran's family, more than once during any 12-month period. That period shall commence on the date that any such award has been granted and disbursed.

PROVIDE DOCUMENTATION FOR FINANCIAL REQUESTS

- COPY OF BILLS REQUESTING ASSISTANCE FOR
- ALL household income
 - Check-stubs from employment
 - Income verifications from other sources
 - SNAP assistance
 - Utility assistance
- Copy of picture ID



*Robin Ghent, Director
1033 West Meeting Street
Lancaster, SC 29720*

Release of Information to Service Organizations

I, _____, give permission to the Lancaster County Veterans Affairs Office to release my information at my request for financial assistance to Lancaster Veterans Council.

Signature of Veteran

Date



Veterans Financial Assistance Form

Date ___/___/___

This form must be completed when requesting financial assistance at the Lancaster County VA office. **You MUST provide all HOUSEHOLD INCOME!**

Veteran Information: DD214 REQUIRED

Name _____
Address _____
Phone _____ SSN _____
Married: Yes No Are you Employed? _____
Number of dependents: _____ Ages of dependents _____

Significant Other Information:

Name _____
Address _____
Phone _____ SSN _____
Are you Employed? _____
Number of dependents: _____ Ages of dependents _____

Household Income Information (You must provide proof of all income for your household)

<u>Veteran's Income</u>	<u>Household Member Income</u>	<u>Dependent 1</u>	<u>Dependent 2</u>
<u>MUST HAVE PROOF OF INCOME</u>	<u>MUST HAVE PROOF OF INCOME</u>	<u>(18yrs/living with Veteran)</u>	<u>(18yrs/living with Veteran)</u>
Wages: _____	Wages: _____	Wages: _____	Wages: _____
Retirement/Pension: _____	Retirement/Pension: _____	Retirement/Pension: _____	Retirement/Pension: _____
Social Security: _____	Social Security: _____	Social Security: _____	Social Security: _____
VA: _____	VA: _____	VA: _____	VA: _____
Unemployment: _____	Unemployment: _____	Unemployment: _____	Unemployment: _____
SNAP: _____	SNAP: _____	SNAP: _____	SNAP: _____
Other Source: _____	Other Source: _____	Other Source: _____	Other Source: _____

Household Monthly Expenses

Mortgage/Rent: _____
Food: _____
Car Expenses (payment, gas, insurance): _____
Utilities (power, water, gas): _____
Medical Insurance: _____
Phone/Cable: _____
Loans/Credit Cards: _____
Other: _____

Amount of Assistance Requested

Must have copy of bill

Food: _____
Rent: _____
Utilities: _____
Clothing/Children: _____
Other: _____

Reason for Requesting Assistance: _____

Additional Community Resources

- Alston Wilkes _____
 - HOPE _____
 - Carolina Community Action _____
 - United Way _____
 - One80 Place _____
 - List Other Resources _____
- _____

VA Office Use Only

Verify VA Income _____ Satisfied
 DD-214 Referred
 Deny

Notes: _____

