

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

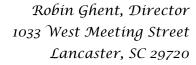
> Phone: 803-283-2469 VAOffice@lancastersc.net

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





Release of Information to Service Organizations

l,	, give permission to the Lancaster County Veterans
Affairs Office to release my informati	on at my request for financial assistance to Lancaster
Veterans Council.	
Signature of Veteran	



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: D	D214 REQUIRED	Significant Other Information:		
Name		Name		
Address		Address		
Phone	SSN		SSN	
Married: Yes No Are you	u Employed?	Are you Employed?		
Number of dependents: Ages of dependents		Number of dependents:	Number of dependents: Ages of dependents	
Household Income Infor	rmation (You must provide prod	of of all income for your ho	pusehold)	
Veteran's Income	Household Member Income	Dependent 1	<u>Dependent 2</u>	
MUST HAVE PROOF OF INCOME	MUST HAVE PROOF OF INCOME	(18yrs/living with Veteran)	(18yrs/living with Veteran)	
Wages:	Wages:	Wages:	Wages:	
Retirement/Pension:		Retirement/Pension:		
Social Security: VA:	Social Security:	Social Security: VA:	Social Security: VA:	
Unemployment:	VA: Unemployment:	Unemployment:	Unemployment:	
SNAP:	SNAP:	SNAP:	SNAP:	
Other Source:				
<u> Household</u>	Monthly Expenses	Amount of A	Assistance Requested	
Mortgage/Rent:		Must have copy of bill		
Food:				
Car Expenses (payment, gas, i	incurance)·	Food:		
Utilities (power, water, gas):		Rent:		
Medical Insurance:		Utilities: Clothing/Children:		
Phone/Cable:		Other:		
Loans/Credit Cards:		Other.		
Other:				
		Reason for Requesting Assistance:		
Additional Co	ommunity Resources	VA Office Use Only		
Alston Wilkes		Verify VA Income	Satisfied	
HOPE	-	DD-214	Referred	
Carolina Community Acti			Deny	
United Way		Notes:		
One80 Place				
List Other Resources				