



Date ___/___/___

Veterans Financial Assistance Form

This form must be completed when requesting financial assistance at the Lancaster County VA office.

Veteran Information: DD214 REQUIRED

Name _____

Address _____

Phone _____ SSN _____

Married: Yes No Are you Employed? _____

Number of dependents: _____ Ages of dependents _____

Spouse 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> MUST HAVE PROOF OF INCOME	<u>Spouse's Income</u> MUST HAVE PROOF OF INCOME	<u>Dependent Child</u> (18yrs/living with Veteran)	<u>Dependent Child</u> (18yrs/living with Veteran)
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: _____

You MUST have exhausted other resources FIRST.

- 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: _____
