



## 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.

Only requests for the following will be considered:

- Food
- Water
- Rent/mortgage
- Gas (for heating purposes)
- Power

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@lancastercountysc.gov](mailto:VAOffice@lancastercountysc.gov)

## 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 with a lifetime max of 2 requests. That period shall commence on the date that any such award has been granted and disbursed.
6. *ALL sources of income, including from dependents over 18 years old, MUST be included in the financial request. If you have someone living in the home 18 years old or older that is not a dependent, that income MUST be included.*

# PROVIDE DOCUMENTATION FOR FINANCIAL REQUESTS

- COPY OF BILLS REQUESTING ASSISTANCE
  - Water
  - Rent/mortgage
  - Gas (for heating purposes)
  - Power
- ALL household income
  - Check-stubs from employment
  - Income verifications from other sources
  - SNAP assistance
  - Utility assistance
- Copy of picture ID
- DD214



*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 \_\_\_\_\_

## **Other Adult living in home: (spouse, live-in girlfriend or live-in boyfriend) REQUIRED**

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) If none is provided request will be denied.**

### **MUST HAVE PROOF OF INCOME**

#### **Veteran's Income**

Wages: \_\_\_\_\_  
Retirement/Pension: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
VA: \_\_\_\_\_  
Unemployment: \_\_\_\_\_  
SNAP: \_\_\_\_\_

### **MUST HAVE PROOF OF INCOME**

#### **Other Adult 1**

Wages: \_\_\_\_\_  
Retirement/Pension: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
VA: \_\_\_\_\_  
Unemployment: \_\_\_\_\_  
SNAP: \_\_\_\_\_

### **(18yrs/living with Veteran)**

#### **Other Adult 2**

Wages: \_\_\_\_\_  
Retirement/Pension: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
VA: \_\_\_\_\_  
Unemployment: \_\_\_\_\_  
SNAP: \_\_\_\_\_

### **(18yrs/living with Veteran)**

#### **Other Adult 3**

Wages: \_\_\_\_\_  
Retirement/Pension: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
VA: \_\_\_\_\_  
Unemployment: \_\_\_\_\_  
SNAP: \_\_\_\_\_

## **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 \_\_\_\_\_

☐ DD-214

- ☐ Satisfied  
☐ Referred  
☐ Deny

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VA DATE STAMP**  
(DO NOT WRITE IN THIS SPACE)

**INSTRUCTIONS:** Before completing the form, read the Privacy Act and Respondent Burden on Page 3. The VA Office of General Counsel maintains a list of all attorneys, claims agents, and Veterans Service Organization (VSO) representatives accredited by VA to assist in preparing, presenting, and prosecuting claims for VA benefits at: <https://www.va.gov/ogc/apps/accreditation/index.asp>. You can search this list by name, state, or zip code. We recommend you use the list to confirm and validate VA accreditation before signing any contract or appointing someone to represent you on your VA benefits claim. If you prefer to have an individual assist you with your claim instead of a VSO, complete VA Form 21-22a, *Appointment of Individual as Claimant's Representative*. For more information, you can contact us through Ask VA: <https://ask.va.gov/>, or call us toll-free at 1-800-827-1000 (TTY:711). VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms). After completing the form, use the mailing addresses provided on Page 4.

**NOTE:** You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

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Month                      Day                      Year

6. INSURANCE NUMBER(S) (If applicable) (Include letter prefix)

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[illegible][illegible]

State/Province   Country   ZIP Code/Postal Code       -

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9. EMAIL ADDRESS (*Optional*)

[illegible]

Month                      Day                      Year

-   -

[illegible][illegible]

State/Province   Country   ZIP Code/Postal Code       -

14. EMAIL ADDRESS (Optional)

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization)

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A

18. DATE OF THIS APPOINTMENT (MM/DD/YYYY)

SECTION IV: AUTHORIZATION INFORMATION				
<p><b>19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.</b> - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.</p> <p><input type="checkbox"/> I <b>authorize</b> the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of</p>				
<p><b>20. LIMITATION OF CONSENT</b>- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> DRUG ABUSE   <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE         </div> <div style="width: 48%;"> <input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)   <input type="checkbox"/> SICKLE CELL ANEMIA         </div> </div>				
<p><b>21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS</b> - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.</p> <p><input type="checkbox"/> I <b>authorize</b> any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.</p>				
<p>I, the claimant named in Items 1 <i>or</i> 10, hereby <b>appoint</b> the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.6. <i>Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.</i> Signed and accepted subject to the foregoing conditions.</p>				
SECTION V: SIGNATURES				
<p><b>NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC</b></p>				
<p>22A. SIGNATURE OF VETERAN OR CLAIMANT (<b>Required</b>)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			<p>22B. DATE SIGNED (<i>MM/DD/YYYY</i>)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p>23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A (<b>Required</b>)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			<p>23B. DATE SIGNED (<i>MM/DD/YYYY</i>)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p><b>NOTE:</b> As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.</p>				
<p><b>VA USE ONLY</b></p>	<p>COPY OF VA FORM 21-22 SENT TO:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> VR&amp;E FILE    <input type="checkbox"/> EDU FILE   <input type="checkbox"/> LG FILE      <input type="checkbox"/> INSURANCE FILE         </div> </div>	<p>DATE SENT (<i>MM/DD/YYYY</i>)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>ACKNOWLEDGED (<i>Date</i>) (<i>MM/DD/YYYY</i>)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>REVOKED (<i>Reason and date (MM/DD/YYYY)</i>)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p><b>PENALTY:</b> The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.</p>				