



**VETERANS ASSISTANCE COMMISSION
OF
LIVINGSTON COUNTY
“VETERANS HELPING VETERANS”**

110 W. Water St.

Suite 3. Pontiac IL 61764

Phone (815) 844-7378

County Board Chair James Carley
Commission President Chris Studebaker

Rules, Leg, V.A.C. & CS Chairman Jack Vietti
Commission Vice President Paul Augsburg

Board Rep. Jim Blackard
V.A.C. Superintendent Michael Haerr

Application for Emergency & Interim Assistance

Date _____

Veteran's Name: _____
(LAST) (FIRST) (MIDDLE)

Veteran's SS#: _____ **Veteran's Date of Birth** _____
(MM/DD/YYYY)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Telephone: _____ **Cell Phone:** _____ **Email:** _____

Marital Status: _____ **Spouse Name:** _____
(LAST) (FIRST) (MIDDLE)

Spouse Date of Birth _____ **Spouse SS#:** _____
(MM/DD/YYYY)

Date of Marriage: _____ **Place of Marriage:** _____
(MM/DD/YYYY) (CITY) (STATE)

List of Dependents: _____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

Type of Assistance Requested

(Circle All That Apply)

Shelter

Transportation

Electric

Water/Sewer

Gas

Food

EMPLOYMENT

Veteran's Employer _____ Address: _____

Phone Number: _____ Start Date: _____ Monthly Salary: _____
(MM/DD/YYYY)

Previous Employer: _____ Reason for Leaving _____

Spouse's Employer: _____ Address: _____

Phone Number: _____ Start Date: _____ Monthly Salary: _____
(MM/DD/YYYY)

Dependent's Employer: _____ Address: _____

Phone Number: _____ Start Date: _____ Monthly Salary: _____
(MM/DD/YYYY)

Monthly Income & Other Financial Information

Employment Income: \$ _____ Unemployment: \$ _____

Social Security: \$ _____ Workman's Comp: \$ _____

SSI or SSD: \$ _____ Spouse/Dependent's: \$ _____

Public Aid: \$ _____ Pension: \$ _____

SNAP benefits: \$ _____ N.S.C.V.A pension: \$ _____

Military Pension: \$ _____ Other Income: \$ _____

Please explain reason for assistance: _____

Cash Resources

Cash on Hand: \$ _____

Savings \$ _____

Bank accounts \$ _____

Bonds or CD's \$ _____

Child support \$ _____

Alimony \$ _____

Monthly Expenses

Rent/House \$ _____

Electric \$ _____

Gas \$ _____

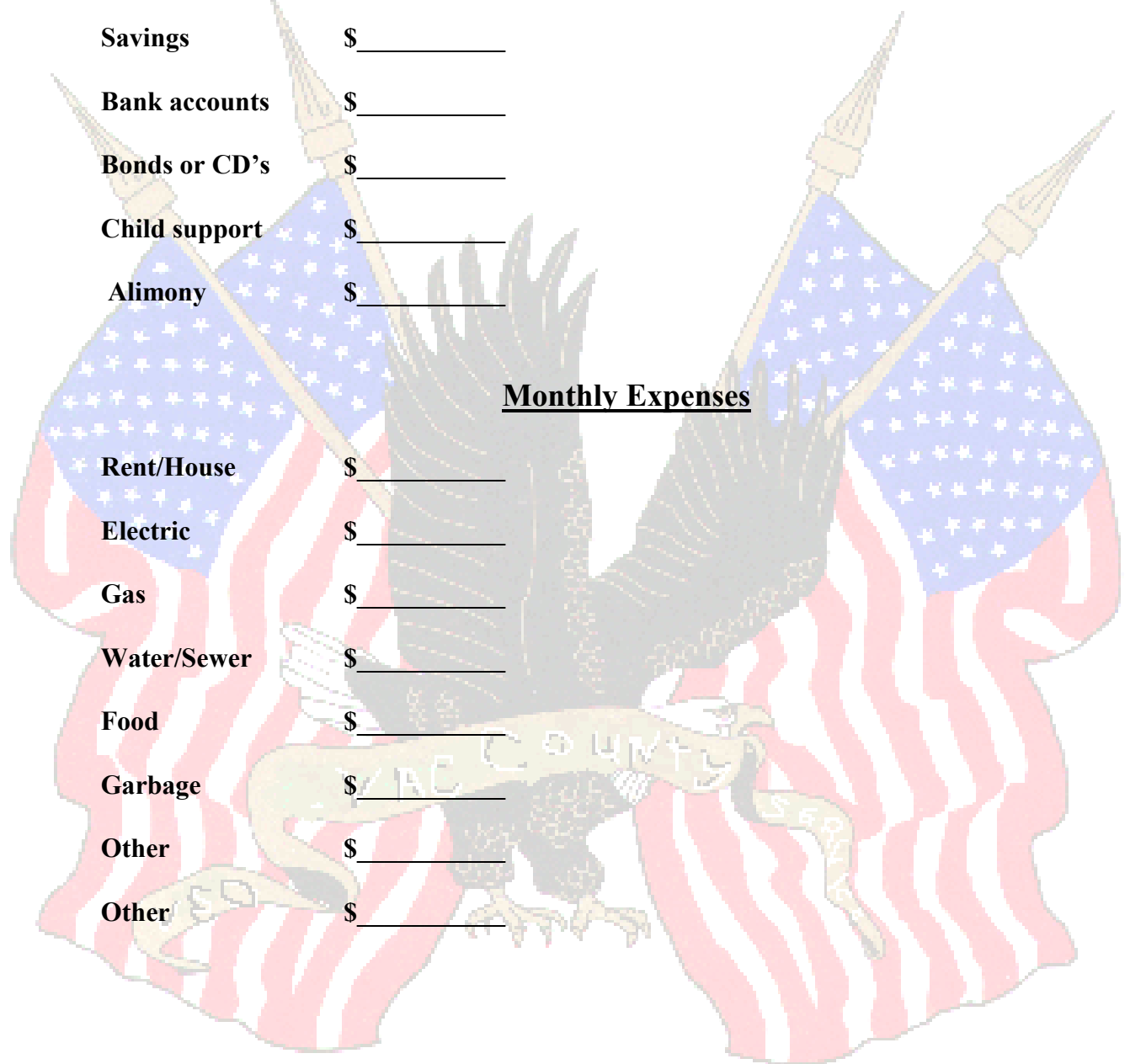
Water/Sewer \$ _____

Food \$ _____

Garbage \$ _____

Other \$ _____

Other \$ _____



VETERAN'S CERTIFICATION OF APPLICATION

I, undersigned certify, that the information given on this Veterans assistance Commission application for financial and interim assistance is true and correct to the best of my knowledge and fully understand that if I falsify any information herein given;

I will be determined ineligible for assistance from the Veterans Assistance Commission of Livingston Co. under this program.

I am aware that I am eligible to reapply thirty (30) days from the date of assistance or after the first of the month if my financial situation is unchanged.

Signature _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby, authorize any person, bank firm, corporation, transfer agent, agency, institution or the bureau of I.D.P.A. to furnish the Superintendent and Assistant of Veterans' Assistance Commission of Livingston County any request relative to accounts, deposits, investments, securities, I.D.P.A. benefits, or business of any kind what so ever.

RELEASE TO: VETERANS' ASSISTANCE COMMISSION OF LIVINGSTON COUNTY

SIGNATURE _____

APPEAL RIGHTS: If you disagree with the determination of this office, you may file an appeal. Your appeal must be filed in this office within Nine (9) days after the date of this determination. If it was mailed to you, or verbally given to you, you must file within seven (7) days after the date of this determination. Any appeal submitted by mail must bear a postmark date within the applicable time limit for filing.