

Peoria County Veterans Assistance Commission Application for Emergency & Interim Assistance

Date Issued: _____ Date Returned: _____ Date of Intake: _____

Veteran's Personal Information

Veteran's Last Name:	Veteran's First Name:	Middle Initial:
Date of Birth:	Place of Birth: (City and State)	Social Security Number:
Address:		City:
Township & County:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	Alternative Phone Number:
Email Address:		Marital Status:
Living Arrangments: Own Rent Homeless Living with Friends/Family		
1	Previous Three Addresses (including City & State):	Date Moved In:
2		Date Moved In:
3		Date Moved In:

Military Service & Education Information

Branch of Service	Entry Date	Discharge Date	Character of Discharge
Did you Deploy? Yes No	Location of Deployment(s):		
Have you filed a service-connected claim? YES NO	If No, would you like to File a Claim? YES NO	Were you ever injured in the service? Brief Description.	
When:	Where?	Rating Decision?	
Highest Education Level:	Type of Degree:	Interested in Education Benefits? YES NO	

Failure to answer each question may delay receipt of assistance!

Veteran's Employment Information

Are you currently working? Yes No		If yes, please fill out Employer's Information	
Name of Employer		Supervisor	
Date of Hire	Amount of Time at Employment	Type of Occupation	
Address		City	
State	Zip Code	Telephone Number	
Avg Hours in a Week?	How often Paid?	Amount Paid Before Taxes? (Including Tips)	
If answer is NO give reason:			
Previous Employer:		Last Date Worked:	
Reason for no longer being employed with previous employer:			
Are you receiving any other form of income?		Yes	No
VA COMPENSATION OR PENSION	Monthly Gross income	Date started receiving income:	
SOCIAL SECURITY DISABILITY OR SSI	Monthly Gross income	Date started receiving income:	
RETIREMENT/PENSION	Monthly Gross income	Date started receiving income:	
UNEMPLOYMENT	Monthly Gross income	Date started receiving income:	
CHILD SUPPORT	Monthly Gross income	Date started receiving income:	

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Who referred you to the VAC? _____

Conviction Information

In the last ten (10) years, have you been convicted of:

Yes	No	Alcohol or drug related offense	Date: _____
Yes	No	Crime involving dishonesty (i.e. perjury, fraud)	Date: _____
Yes	No	Felony	Date: _____
Yes	No	Charged with a Class X Felony	Date: _____

ANY ALCOHOL OR DRUG RELATED OFFENSES WITHIN THE PAST TEN YEARS WILL NEED DOCUMENTATION OF COMPLETION OF SUBSTANCE ABUSE PROGRAM THROUGH THE VA OR A COURT ORDERED PROGRAM

If so, List the nature of the offense, the County/State of Crime/conviction, and the punishment

Nature of Offense:

Punishment	City	State	County
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Nature of Offense:

Punishment	City	State	County
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Spouse Information

Spouse's Last Name	Spouse's First Name	M.I.	Maiden Name
Date of Birth	Place of Birth	Social Security Number	
Date of Marriage	Place of Marriage	Is spouse a Veteran?	

Spouse's Employment Information

Name of Employer	Phone Number	Date of Hire	
Address	City	State	Zip Code
Avg hours per week?	How Often Paid?	Amount Paid before Taxes?	

If Spouse is not currently working, please provide reason:

Is your spouse receiving any other form of Income?	Yes	No
Source of Income	Monthly Gross income	Date started receiving income:
Source of Income	Monthly Gross income	Date started receiving income:

Members of Household

List: Any additional members living in the home. Do **NOT** include Veteran or Spouse

* A copy of Birth Certificates for Children will be required to process application

Name	Gender:	Birth Date	Relationship	Social Security #
Name	Gender:	Birth Date	Relationship	Social Security #
Name	Gender:	Birth Date	Relationship	Social Security #

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Additional Household Income

* List any income that hasn't already been reported in the application. This includes income dependents (children) bring into the household.

Name of Person	Source of Income	Monthly Gross Amount
Name of Person	Source of Income	Monthly Gross Amount

Dept. of Human Services

* Please attach documentation of Food Stamps

Are you currently receiving Food Stamps: Yes No Amount: Start Date:

If not receiving have you applied for Food Stamps: Yes No Date Applied:

Please understand if you are not receiving food stamps or have not applied it will be required for assistance at this office.

Other Agencies

Please fill in the boxes that apply to your case.

Salvation Army	Date Applied:	Received Assistance? When?
American Legion	Date Applied:	Received Assistance? When?
Aims Grant	Date Applied:	Received Assistance? When?
LiHeap	Date Applied:	Received Assistance? When?
Township	Date Applied:	Received Assistance? When?
Church	Date Applied:	Received Assistance? When?
Other Agency:	Date Applied:	Received Assistance? When?

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Living Expenses

List: All Household Expenses

Daily Living		Monthly Payment Amount		
Groceries		\$		
Childcare		\$		
Hygiene		\$		
Home		Monthly Payment Amount		
Mortgage/Rent		\$		
Utilities (Avg Monthly Cost)		\$		
Water (Avg Monthly Cost)		\$		
Telephone/ Cell Phone (Avg Monthly Cost)		\$		
Transportation		Monthly Payment Amount		
1 Car Payment	Make:	Model:	Year:	\$
2 Car Payment	Make:	Model:	Year:	\$
Insurance:				\$
Gas/Fuel				\$
Financial Obligations		Monthly Payment Amount		
Credit Card Payments		\$		
Child Support		\$		
Miscellaneous		\$		
Health		Monthly Payment Amount		
Health Insurance		\$		
Prescriptions		\$		
Entertainment/Dues/Subscriptions		Monthly Payment Amount		
Cable TV		\$		
Internet Connection		\$		
Dining Out		\$		
Other		\$		

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Below, please provide a short summary of your current situation which has caused you to ask for financial assistance.

Applicant/recipient cooperation in determining eligibility is required. Willful failure or refusal of the applicant/recipient to cooperate with the VACPC shall result in the denial or termination of assistance, based on the VACPC's inability to determine eligibility.

Failure to appear or tardiness for intake with Assistance Coordinator without proper notice could result in denial or termination of assistance. An initial intake is required and will be conducted the first time an applicant applies during the current year. It is an assessment for the VAC to understand the current situation and assist applicant to not depend on the VAC for ongoing assistance.

Applicants must give true and complete information. If an applicant willfully misrepresents, lies or provides false information to qualify for or receive assistance, the VACPC may permanently deny the applicant benefits. If an applicant attempts to receive any benefits based on false or fraudulent information, the applicant may also be fined, charged with a crime, and/or reported to the Internal Revenue Service (IRS).

Applicant agrees to notify the VACPC Assistance Coordinator of any changes whatsoever in need or in the resources listed herein, or any new or additional income or resources. This includes contact information and in which will be provided within five (5) days of the change.

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Red-Flagged: a determination by the VACPC that an applicant will be denied services for a minimum of **twelve** (12) consecutive months. This determination may be made where:

- a) Applicant has made to the VACPC a misrepresentation to obtain assistance.
- b) Applicant has harassed, intimidated or been verbally/physically abusive with the VACPC staff.

APPEAL RIGHTS:

If you disagree with the determination of this office, you may file an appeal to the executive committee of the Peoria County VAC. Your appeal must be filed in this office within **fifteen (15)** days after the date of the aforesaid determination, in the case of mailing, the **fifteen (15)** calendar days shall begin **three (3)** business days after the date of the postmark. Appeal forms are available on request.

I certify under the penalty of perjury that the information I have provided on this application form is the truth to the best of my knowledge.

Signature of Applicant

Date

Signature of Applicant's Spouse

Date

Signature of Assistance Coordinator

Date

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