VETERANS ASSISTANCE COMMISSION
1504 3rd Avenue
Rock Island, IL 61201
(309) 558-3547 (309) 558-3548 Fax

Todd Harlow - Superintendent

APPLICATION FOR EMERGENCY AND INTERIM ASSISTANCE

VETERAN'S PERSONAL INFORMATION

FAILURE TO ANSWER EACH QUESTION MAY DELAY RECEIPT OF ASSISTANCE!

VETERAN'S NAME (First, Middle, Last) _____ VETERANS SSN ____/____/____

Living Arrangement:__Living with Friends __Homeless __Renting __Own
___Living with Relatives / Renting a room from them

Date of Birth	Place of Birth	Gender
____/____/____	_____	Male ___ Female ____

Current Marital Status
_____ Married _____ Never Married ___Separated _____ Divorced _____ Widowed

Address:	City:	State:	Zip Code:
Phone Number: ( )			

MILITARY SERVICE INFORMATION

Branch of Service	Discharge Type

Purple Heart	Are you receiving disability retirement Pay instead of VA Compensation?	VA Service-Connected Rating
Yes___ No___	Yes____ **(Attach proof of last month's compensation)** No____	Yes____ _____% If yes, **(Attach proof of last month's compensation)** No__

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

VETERANS' EMPLOYMENT INFORMATION

Currently Working? Yes ___ No___ If yes:
Name of Current Employer_____ Date of Hire_____/_____/_____
Employer's address_____City_____ State_____

Number hours worked weekly_____ How often paid_____
Net pay_____**Attach proof of last month's earnings**

Not working?
Receiving unemployment benefits? Yes____ No___ If yes: **attach proof for the last month's earnings**
Are you receiving SSI or SSDI? Yes_____ No___ If yes: **attach proof for the last month's earnings**
Are you receiving Public Aid Food Stamps? Yes____ If yes: **attach proof of amount:**
Amount_____ No____ If no: **Attach proof of Denial**:

VETERAN' S CONVICTION INFORMATION

(If applicable)

In the last ten (10) years, have you been convicted: Yes ___ No___
___ Felony, ___Alcohol or drug related offense, ___Crime involving dishonesty
(such as perjury, fraud, or passing bad checks?
If yes: List offense (s), the County/State of crime/conviction, and punishment relating to each conviction_____
Offense (s) _____Punishment:_____
City _____State_____
Offense (s) _____Punishment:_____
City _____State_____

SPOUSE'S (EMPLOYMENT INFORMATION)

(Need Marriage Certificate)

Spouses Name (*First, Middle, Last*) _____ _____ _____
Is spouse working / on unemployment: Yes___ No___ If yes: **attach proof for the last month's earnings** Is spouse on SSI or SSDI: Yes____ No___ If yes: **attach proof for the last month's earnings**
Is spouse a Veteran: Yes ___ No ___ Date of Birth ___/___/____

HOUSEHOLD SIZE AND INCOME

List "*All*" *other* people currently residing in the household and their income **(If you need more room, continue on back of paper)**

NAME (First, Middle, Last)	Social Security #	Date & Place of Birth	Working Y / N	Net Income

APPLICANTS must give true and complete information. If an applicant willfully misrepresents, lies, or provides false information to qualify for or receive assistance, the VACRIC may permanently deny the applicant benefits. If an applicant attempts to receive any benefits based on false or fraudulent information, that applicant may also be fined, charged with a crime, and/or reported to the Internal Revenue Service (IRS) *Red-flagged:* _____ A determination by the VACRIC that an applicant will be denied services for a minimum of **twelve (12)** consecutive months. This determination may be made where: a) the applicant misrepresented themselves to receive assistance, b) Applicant harassed, intimidated or was verbally/physically abusive toward the VAC staff.

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

If this application was initiated by someone else on behalf of the applicant, please sign below:

_____ _____

Signature of Initiated Applicant Relationship

_____

Please explain reason for assistance_____

APPEAL RIGHTS:

If you the applicant, disagree with the determination of this office, you may file an appeal to the executive committee of the ROCK ISLAND COUNTY VAC. Your appeal must be filed in this office within **nine (9)** days after the date of the aforesaid determination.

STATEMENT OF ASSISTANCE: I _____(APPLICANT) AM AWARE THAT THIS ASSISTANCE IS AN **EMERGENCY AND INTERIM** FINANCIAL ASSISTANCE PROGRAM AND SHALL NOT BE CONSIDERED AS AN ONGOING FINANCIAL SUPPORTIVE PROGRAM.

PLEASE INITIAL THAT YOU UNDERSTAND:_____

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize any person, bank firm, corporation, transfer agent, agency and institution, or the bureau of Illinois Department of Public Aid (separate form to sign for authorization) to furnish the

VETERANS ASSISTANCE COMMISSION
OF
ROCK ISLAND COUNTY

Any request relative to accounts, deposits, investments, securities, or business of any kind what so ever.

_____ _____
Signature Date

On this date personally appeared before me,

_____

And he/she acknowledged the foregoing affidavit and release as his/her free and voluntary act for the use and purpose therein contained on this

_____Day of_____20_____

NOTARY PUBLIC

_____