BENTON COUNTY VETERANS AFFAIRS

BENTON COUNTY SERVICE CENTER 811 D AVENUE, SUITE 34 VINTON, IA 52349

PH: (319) 472-3150 | FAX: (319) 472-4260 EMAIL: VA@BENTONCOUNTYIA.GOV



Emergency Assistance Application

Date:	
	How long have you lived at this address?
Name:	Number of members living in household:
SSN:	Is the Veteran receiving Section 8 Housing? - ☐ Yes or ☐ No
DOB:	s the Veteran enrolled in VA Health Care Benefits? - ☐ Yes or ☐ No
Address:	We Need:
	O DD214
Telephone: (Marriage Certificate
Occupation:	O Birth Certificates (for all dependent children)
Date Last Worked:	O Social Security Numbers for all dependents
Date of Last Paycheck:	O Veteran's/Applicant's Valid Photo ID
Past 30 DAYS of detailed activity	All Current Monthly Bills:
Statements for ALL accounts:	O Rent - Veteran Rental Assistance Application
O Checking	O Copy of Current Lease Agreement
O Savings	O HUD-VASH/Subsidized Housing Agreement
O Stocks/Bonds/Mutual Funds, etc.	O Mortgage Statement
	O Mortgage - Veteran Request for Mortgage Payment
	O Natural Gas/Wood/Fuel Oil
Income - PAST 30 DAYS:	O Electric
O Wages/Salary - Veteran	O Water/Sewer
O Wages/Salary - Spouse	O Garbage
O VA Compensation/VA Pension	O Phone
O SSI/SSD/SSA - Veteran	O Internet/Cable/Streaming Service
O SSI/SSD/SSA - Spouse	O Loans - Auto, Personal, Student, etc.
O Unemployment	O Insurance - Auto, Renters, Home, Health, Life, etc.
O Food Assistance/FIP	O Child Care
O Child Support/Spousal Support	O Child Support/Spousal Support
O Retirement/Pension	O Debt/Garnishments
O Workers Compensation	O Pay Day Loans
O Tax Refund	O Credit Cards - Payments made in past 30 days
O Lump Sum Payment	O Medical Bills - Payments made in past 30 days
O Pay Day Loans	Other Bills – Taxes Paid, Auto/Home Repairs, etc.
O GI Bill Payments/School Stipend	O Two Estimates – Auto/Home Repairs, etc.
O Rental Income	Vehicles: Year/Make/Model:
Other Income	
O Iowa Workforce Development (if application)	
O Medical Letter (if applicable)	O Registration Needed
	CSX

** BRING IN ALL REQUIRED DOCUMENTATION LISTED ABOVE **

IF WE DO NOT HAVE ALL OF THE REQUESTED DOCUMENTATION, WE WILL NOT BE ABLE TO COMPLETE YOUR APPLICATION. ALL DOCUMENTS MUST BE IN PAPER FORM AT THE TIME OF YOUR APPOINMENT. READ AND INT: ____

Income (Monthly Avg)	Veteran	Spouse	Other
Work (Veteran)		•	
Work (Spouse)	*		
VA Comp/Pension			h
Social Security			
Retirement			
IRA/Annuity/Stocks/Bonds			
Child Support			
Any Other Gov. Assistance			
Other-			
Total Income			
Living Expenses			
Rent/Mortgage			,
Home Insurance		75	
Electric			
Gas			
Water/Garbage/Sewer			
Internet/Cable/Phone			
Cell Phone			
Vehicle 1			
Vehicle 2			3,000
Vehicle Insurance			,
Food & Provisions			
Household Misc.			
Other-			
Total Expenses			
Net			

Signature:	Date:	
		_

I certify that the above information is true and correct to the best of my knowledge and belief.

Do you receive Food Assistance through DHS? If yes, how much?
DHS Case Worker's Name (if any)
If you are reporting zero income, please describe how your household has met the following basic needs during the past three months:
Rent or mortgage payment:
Food:
Utility/Heating bills:
Have you or anyone in the household voluntarily reduced their work hours in the past two months? Y N
Name(s):
Reason for reducing hours:
Do you or any members in your household have the following insurance? (Answer insurance question only if you are applying for medical assistance)
Medical: Yes No Name of CompanyPolicy #
Hospital: Yes No Name of Company Policy #
Life/Burial: Yes No Name of Company Policy #
Medicare: Yes No ID #
Medicaid: Yes No ID #
Name and address of family physician:

Applicants must meet the following eligibility criteria:

- Must be a resident of Benton County for at least 30 days
- Veteran must have received an Honorable Discharge or General Discharge Under Honorable Conditions. If the veteran has more than one military discharge, all discharges must meet this requirement
- Veteran must have served 90 days of federal active duty for other than training purposes <u>or</u> have a VA recognized service-connected disability
- Must have an emergent need that cannot be met by other means and is not due to their own financial misconduct
- Applicant must provide proof of an unexpected expense that caused a financial hardship
- Gross income shall not exceed 300% of the federal poverty level for Benton County, Iowa
- The following combined asset limitations shall apply: \$2,000/single \$4,000.00/family household
- If unemployed and able to work, must be registered with Iowa Workforce Development
- An applicant who has voluntarily become unavailable for full time employment is not eligible unless they are enrolled in full time school
- An applicant terminated from employment will not be eligible for assistance unless the reasons for termination are not attributable to the Veteran

termination are not attributable to the veterali	
Assistance being requested:	
Incorporated conservations of the conservation of the conserv	
Inexpected expense that impacted you financially:	
OFFICE USE ONLY:	
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CONSENT TO RELEASE OR EXCHANGE INFORMATION Emergency Assistance

I (we)	authorize communication or release of
PRINT NAME	
confidential information by Benton County, or its du individuals, institutions, businesses and/or agencies billing or reimbursement purposes.	ally appointed representatives, to any of the named necessary for determining eligibility for assistance, for
I (we) understand that I (we) have the right to inspect that this consent will remain in force until termination Veteran Affairs.	et the disclosed information at any time. I (we) understand on of assistance from Benton County Commission of
I (we) consent to and authorize:	
Any local, state federal government agency, private savings department, insurance company, other financinformation.	businesses, firm or agency, bank, trust company, postal cial institution, or other applicable agencies to share
Investments, holdings, life insurance policies, checking and any other assets/resources that can be converted household members.	ing/savings accounts, bonds, retirement benefits, annuities, into cash. This includes applicant and all eligible
individuals, institutions, businesses, agencies, and Bl	nay revoke the CONSENT TO RELEASE AND to hereby and forever release and discharge all of the ENTON COUNTY IOWA, its agents and employees, from information is deemed confidential or not. A photocopy of
Signature of Understanding (Applies to all parties in household	Date