

Emergency Assistance Application

Date: _____

Name: _____

SSN: _____ - _____ - _____

DOB: _____

Address: _____

Telephone: (____) _____ - _____

Occupation: _____

Date Last Worked: _____

Date of Last Paycheck: _____

How long have you lived at this address? _____

Number of members living in household: _____

Is the Veteran receiving Section 8 Housing? - Yes or No

Is the Veteran enrolled in VA Health Care Benefits? - Yes or No

We Need:

- DD214
- Marriage Certificate
- Birth Certificates (for all dependent children)
- Social Security Numbers for all dependents
- Veteran's/Applicant's Valid Photo ID

Past 30 DAYS of detailed activity

Statements for ALL accounts:

- Checking
- Savings
- Stocks/Bonds/Mutual Funds, etc.

Income - PAST 30 DAYS:

- Wages/Salary - Veteran
- Wages/Salary - Spouse
- VA Compensation/VA Pension
- SSI/SSD/SSA - Veteran
- SSI/SSD/SSA - Spouse
- Unemployment
- Food Assistance/FIP
- Child Support/Spousal Support
- Retirement/Pension
- Workers Compensation
- Tax Refund
- Lump Sum Payment
- Pay Day Loans
- GI Bill Payments/School Stipend
- Rental Income
- Other Income
- Iowa Workforce Development (if applicable)
- Medical Letter (if applicable)

All Current Monthly Bills:

- Rent - Veteran Rental Assistance Application
- Copy of Current Lease Agreement
- HUD-VASH/Subsidized Housing Agreement
- Mortgage Statement
- Mortgage - Veteran Request for Mortgage Payment
- Natural Gas/Wood/Fuel Oil
- Electric
- Water/Sewer
- Garbage
- Phone
- Internet/Cable/Streaming Service
- Loans - Auto, Personal, Student, etc.
- Insurance - Auto, Renters, Home, Health, Life, etc.
- Child Care
- Child Support/Spousal Support
- Debt/Garnishments
- Pay Day Loans
- Credit Cards - Payments made in past 30 days
- Medical Bills - Payments made in past 30 days
- Other Bills - Taxes Paid, Auto/Home Repairs, etc.
- Two Estimates - Auto/Home Repairs, etc.

Vehicles: Year/Make/Model:

- Registration Needed

**** 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 APPOINTMENT. READ AND INT: _____

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

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: _____
