



Veterans Service Office

206 Court Street, Chilton, WI 53014
Office: (920) 849-1452
Toll Free: (833) 620-2730
Fax: (920) 849-1635
Email: calumetvets@calumetcounty.org

**CALUMET COUNTY VETERANS SERVICE COMMISSION
FINANCIAL ASSISTANCE APPLICATION**

VETERAN / APPLICANT INFO:

Applicant's Name: _____ SSN: _____

Date of Birth: _____ Marital Status: Single Separated

Address: _____ Married Widowed
_____ Divorced

Telephone #: _____ Weeks / Months at current address: _____

IF APPLICANT IS NOT VETERAN, COMPLETE THE FOLLOWING:

Veteran's Name: _____ SSN: _____

Name Served Under: _____ DOB: _____

ASSISTANCE REQUESTED / EXPLANATION OF EMERGENCY:

Explain your emergency, the type of assistance needed, and how this grant/assistance will help.

I understand I am eligible for a maximum of one hardship grant per during a 12 month period for a total possible amount of up to \$600.00. Initials: _____.

I am requesting a hardship grant in the amount of: \$ _____.

As a stipulation of this grant, I acknowledge and agree to:

1. Seek additional assistance through the resources referred to me by the Calumet County Veterans Service Office
2. Participate in financial counseling with Financial and Debt Solutions Services at no cost to me by calling calling (800) 366-8161 or by applying online at: <https://goodwillincw.org/financial-and-debt-solutions-services/>

Initials: _____.

OTHERS LIVING WITH THE APPLICANT:

Name Relationship to Applicant Age

Name	Relationship to Applicant	Age

**** PLEASE PROVIDE THIS OFFICE WITH A COPY OF DD214 OR MILITARY DISCHARGE PAPERS ****

CALUMET COUNTY RESIDENCY: SIX (6) MONTHS REQUIRED

Provide Proof of Residency: (Check One)

Wisconsin Driver's License: _____ (issue date)

Real Estate Tax Printout: _____ (copy attached)

Other: _____

EMPLOYMENT HISTORY (2 YEARS):

	Veteran	Spouse/Significant Other	Others
Employer			
Dates of Employment			
Employer			
Dates of Employment			

MONTHLY INCOME (ALL HOUSEHOLD MEMBERS)

Type	Applicant	Others in House
Wages/Salary		
Retirement/Pension		
VA Pension or Compensation		
Social Security		
Workers Comp/Unemployment Comp		
Food Share		
Child Support		
Alimony		
Other Income / Financial Assistance		
Total Income:	\$	

MONTHLY EXPENSES

Rent/Mortgage Payment (include taxes & insurance)		Transportation - gas/maintenance	
Food		Vehicle Insurance	
Utilities (heat & electric)		Vehicle Loan	
Telephone		Student Loan	
Water & Sewer		Personal Loan	
Insurance Premiums (health & life)		Credit Card Debt	
Cable/Internet		Child Support/Alimony	
Medical/Dental Payment		Other (explain) Daycare	
Total Expenses:	\$		

MONTHLY INCOME - MONTHLY EXPENSES:**Total: \$****ASSETS**

Cash & Checking		Vehicle - Year/Make/Model:	
Savings, CDs, Stocks & Bonds, etc.		Vehicle - Year/Make/Model:	
IRAs or Other Retirement Funds		Other Assets:	
Value of Property (other than residence)		Other Assets:	
Total Assets:	\$		

Names and address of business or person voucher is to be made out to (i.e. landlord, utility company, etc)

**** INCLUDE COPY OF BILL FOR CONSIDERATION ****

AGREEMENT:

I, the undersigned, hereby authorize any agency, business or person to disclose and release to the Calumet County Department of Veterans Services any financial information, including, but not limited to bank accounts, social security, employment, unemployment, city, county, or state relief, food stamps, retirement or pensions, railroad retirement, stock, securities, charitable organizations, insurance, annuities, state and federal income tax information, US Department of Veterans Affairs, with the understanding that the Calumet County Department of Veterans Services will use this information in verifying my eligibility to Veterans Service Commission aid that I have requested. The responses which are submitted maybe disclosed as permitted by law outside the Calumet County Department of Veterans Services. This consent remains in force for a reasonable time to effect the purpose for which it is given.

Applicant Signature:

Date:



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VETERANS SERVICE COMMISSION - STAFF PROCESSING SHEET

** FOR OFFICE USE ONLY **

VENDOR CONTACT INFORMATION

Payee Name:
Address:
City, State, Zip:
Phone:
EIN:
SSN:

CALUMET COUNTY VETERANS SERVICE OFFICE AUTHORIZES PAYMENT FOR:

Name of recipient:
In the amount of: \$

FOR THE PURPOSE OF:

Rent/Mortgage Utilities Transportation Auto Repair
Groceries Temporary Housing (example: Hotel) Other:

COMMISSION DETERMINATION / AUTHORIZATION

Table with columns for Approved/Denied and CVSO/Commissioner signatures.

Additional Comments: