



Spokane County Veteran Services

Application for Special Funds and Services CASE # _____

PERSONAL DATA

DATE OF APPLICATION:

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____

Zip code: _____ Telephone: _____

Email address: _____

IMMEDIATE NEEDS: _____

Estimated Dollar Amount: \$ _____

I'm applying for the following type(s) of assistance:

- Emergency Housing Repairs
- Utilities (*Requires Shutoff Notice*)
- Rent / Deposit
- Special Equipment Borrowing
- Other (Specify) _____

TOTAL MONTHLY HOUSEHOLD EXPENSES

MONTHLY INCOME

Employment (self): _____

Employment (spouse): _____

Rent or Mortgage: _____

Reserves or Guard Pay: _____

Utilities

VA Comp/Pension: _____

Water: _____ Gas: _____

VA GI Bill /Voc Rehab: _____

Electrical: _____

Unemployment: _____

Telephone: _____

Labor & Industries: _____

Car Payment: _____

SSI/SSDI (self/family): _____

Car Insurance: _____

Food Stamps: _____

Fuel, Parking: _____

ABD / TANF: _____

Food expenses: _____

Child Support: _____

Day Care: _____

Child Support: _____

House Supplies: _____

Other: _____
TOTAL EXPENSES: _____

Other Income: _____
TOTAL INCOME: _____

FULL NAME: _____

What other Agency resources have you applied for:

- SNAP Salvation Army VFW American Legion The Guardians
 VOA Catholic Charities Salvation Army Other: _____

Explain in detail why you need this additional support. Be sure to include the results of your application to other agencies. (Car repairs must be needed for your transportation to work or school because public assets are not available whether because of your work/class hours or because of work/school remote location).

JUSTIFICATION:

ENABLERS & CAPACITY: Do you have sufficient facilities at your domicile and/or other items of support to enable the use of requested funds or equipment (Explain)? Note: an evidentiary interview for specific information may be required.

DECLARATION AND SIGNATURE

I declare under penalty of perjury that the information I have provided on this application is true, correct and complete to the best of my knowledge. I understand that I can be criminally prosecuted if I wrongly received financial assistance because I have willfully falsified data, or have not disclosed pertinent information to this request.

Signature of Applicant or Legal Representative

Date

Approved

Date