

DATE \_\_\_\_\_

REQUEST FOR ASSISTANCE  
FROM THE SAUK COUNTY VETERANS SERVICE COMMISSION

**THIS APPLICATION IS FOR SAUK COUNTY RESIDENTS ONLY**

Veteran' s name \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's Name (if not veteran; relationship to vet) \_\_\_\_\_

Home Address \_\_\_\_\_

How long at this address? \_\_\_\_\_ Wisconsin residency date \_\_\_\_\_

Copy of DD214 required \_\_\_\_\_

Present or Last Employer & address \_\_\_\_\_

Wages \_\_\_\_\_ How often paid? Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_ Monthly \_\_\_\_\_

Date of last check \_\_\_\_\_ Amount \_\_\_\_\_

If unemployed, reason \_\_\_\_\_

**Are you eligible or receiving any of the following (circle yes or no):**

Unemployment compensation	Yes	No	Amount _____
Sick Leave	Yes	No	Amount _____
Workmen's compensation	Yes	No	Amount _____

**Do you receive any of the following (circle yes or no):**

Monetary Benefits from the VA	Yes	No	Amount _____
Social Security/SSDI	Yes	No	Amount _____
Any type of Pension/Retirement	Yes	No	Amount _____
Food Share/SNAP	Yes	No	Amount _____

**Do you have any of the following (circle yes or no):**

Cash/Checking	Yes	No	Amount _____
Stocks/Bonds/Mutual Funds/IRA/401K	Yes	No	Amount _____
Other Income	Yes	No	Amount _____

DATE \_\_\_\_\_

**Housing Info (mortgage/landlord):**

Name, address and telephone number of mortgage holder or landlord

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Own any vehicles?    Yes    No

Make and year \_\_\_\_\_ Value \_\_\_\_\_ Amount owed \_\_\_\_\_

Make and year \_\_\_\_\_ Value \_\_\_\_\_ Amount owed \_\_\_\_\_

Own any?    Yes    No    (Circle):    boats    motorcycles    snowmobiles    ATV

Value \_\_\_\_\_ Amount owed \_\_\_\_\_

**List all persons, other than yourself, living in your household:**

Name & Birthdate	Social Security #	Relation	Monthly Income

**What immediate assistance (including dollar amounts) is requested? List in order of your priority.**

1)
2)
3)

DATE \_\_\_\_\_

Please explain why you are in need of the assistance for which you are requesting. Be specific .


What are you doing to change your situation?


Are you part of the:

VFW \_\_\_ DAV \_\_\_ American Legion \_\_\_ Marine Corps League \_\_\_

Have you ever received assistance from the Sauk County Veterans Relief fund? Yes No

If yes, please list type of assistance and date received.


Have you received assistance from any other Veterans Relief fund or any other agency within the past 12 months? Yes No

If yes, please list type of assistance, date received and name of agency.


Do you have a current Sauk CVSO Release of Info on file? Yes No

DATE \_\_\_\_\_

Enter a Number or Zero for Monthly Expenses below: (Do Not Leave Any Blank)

Food	Alcohol
Electricity	Tobacco
Gas	Phones
Water	Credit Cards
Cable TV/Satellite	Child Support
Internet	Housing (mortgage/rent)
Vehicle Payments	Vehicle Insurance

**Please provide for ALL household members:** Income verification, past due bills, eviction notices/5 day notices, or any other information that may be useful in our determination. **Failure to provide this information may result in denial of your request.**

I certify that the above information is true and correct to the best of my knowledge and my application for assistance is because of a need for help at this time. I understand any misrepresentation or falsification of any information will make me ineligible for assistance. By signing this form I am giving my permission for the County Veteran Service Officer to obtain personal information from other agencies. I am also giving my permission for the Sauk County Veterans Service Office to share my personal information with other agencies and entities to assist me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**For CVSO Office Use Only**

WI Cir Ct search \_\_\_\_\_

VSC action: Approved/ Denied by \_\_\_\_\_

- \_\_\_\_\_ Veterans Relief
- \_\_\_\_\_ Veterans Care
- \_\_\_\_\_ CVI
- \_\_\_\_\_ Food Share
- \_\_\_\_\_ Energy Assistance
- \_\_\_\_\_ VORP
- \_\_\_\_\_ Sauk County DHS
- \_\_\_\_\_ Sauk County ADRC
- \_\_\_\_\_ CWCAC
- \_\_\_\_\_ Shelter

Other office notes: \_\_\_\_\_