

**REQUEST FOR ASSISTANCE  
FROM THE SAUK COUNTY VETERANS SERVICE COMMISSION**

**Proof of Sauk County residency must accompany this application, i.e., telephone bill, tax statement, etc.**

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 \_\_\_\_\_

Branch of Military Service \_\_\_\_\_

Entry date \_\_\_\_\_ Discharge date \_\_\_\_\_

Character of discharge (Include copy of DD214) \_\_\_\_\_

**(Honorable discharge required)**

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

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

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

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

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

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

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

Monetary Benefits from VA	Yes	No	Amount	_____
Social Security	Yes	No	Amount	_____
Any type of Pension	Yes	No	Amount	_____
Food Share	Yes	No	Amount	_____

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

Cash savings	Yes	No	Amount	_____
Checking account	Yes	No	Amount	_____
Stocks/bonds/mutual funds	Yes	No	Total Amount	_____
IRA/401K/Retirement	Yes	No	Total Amount	_____
Other income	Yes	No	Source	_____ Amount _____

Name, address and telephone number of mortgage holder or landlord \_\_\_\_\_

Do you own any real estate other than your primary residence? Yes No

Location and value \_\_\_\_\_

Own any vehicles? Yes No

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

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

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

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

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

Name & Birthdate SSN Relation Monthly Income

Name & Birthdate	SSN	Relation	Monthly Income

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

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

What have you done to help yourself? \_\_\_\_\_

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.

Are you or your spouse in arrears for any child support? Yes No

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

Food _____	Alcohol _____
Electricity _____	Tobacco _____
Gas _____	Telephone _____
Water _____	Cell Phone _____
Cable TV/Satellite _____	Credit cards _____
Internet _____	Child Support _____
Vehicles _____	

Other \_\_\_\_\_

\_\_\_\_ Rent \_\_\_\_ Own House Apt Condo Monthly mortgage/rent \_\_\_\_\_

Income verification, past due bills, eviction notices, or any other information that may be useful in our determination should accompany this application.

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: \_\_\_\_\_

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For Office Use Only  
 WI Cir Ct search \_\_\_\_\_  
 VSC action: Approved/Denied by \_\_\_\_\_  
 ( ) Veterans Relief \_\_\_\_\_  
 ( ) Veterans Care Trust Fund \_\_\_\_\_