 JEFFERSON COUNTY COMMISSIONERS

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Jefferson County Veterans Emergency Assistance

Eligibility Criteria

* A person who served in the Armed Forces of the United States, including the reserve components and the National Guard, or woman’s organization officially connected therewith, who was discharged
  + Under Honorable Conditions from Active Military Service (other than active duty for training periods)
  + OR was Killed In Action
  + OR suffered a service-connected disability

OR is the surviving spouse or orphan children applying within 1 calendar year of the veteran’s death provided the veteran would have qualified prior to his/her death

* The need for assistance cause must be beyond the control of the applicant and not related to chronic or repeated financial circumstances or misconduct, gambling losses, credit card bills that have accumulated over time, or other similar circumstances.

* Must demonstrate an immediate need for financial assistance in order to provide for themselves and their families with the necessities of living.
* Must be a current Jefferson County, Pennsylvania resident

Required Documentation/Supporting Documents

Please ensure all required documentation is included. Failure to do so will result in delayed processing of application.

Veterans Honorable or Under Honorable Conditions discharge type for DD-214, DD-256 for Reservists, NGB-22 for National Guard, DD-1300 Report of Casualty

Copies of ALL monthly income (Veteran & Spouse/Significant others)

(Current bank statement checking and savings accounts, pay stub, earning statements, VA disability letter, SSA disability letter, food stamps, child support, state assistance, social security, etc.)

Copies of all current bills (Mortgage/Rent, all Utilities, Car Payment, Car Insurance, Medical Insurance,

phone, cable, internet, medical bills currently not paid etc.)

Proof of Jefferson County and Pennsylvania residency (Driver’s License, State Issued ID Card, Three Utility bills in claimant’s name at residence.

Marriage Certificate

Death Certificate (For Widow/Widower)

Proof of Financial Hardship (estimates or invoice for essential repairs, funeral bill for spouse or qualifying dependent, overdue bills, eviction notice, foreclosure notice, letter from employer of reason terminated or lay off, statement from Doctor if there is a temporary inability to work for health reasons, Pictures to show damage from catastrophic events, Notice of Financial Determination for unemployment, etc.)

Copies of Children’s Birth Certificates (If needed)

Print out of most current bank statements (**ALL** checking accounts & all saving accounts)

\*\*Need to see all deposit & debit transactions made in the last 2 months. \*\*

**SECTION I:** **VETERAN’S PERSONAL INFORMATION**

Full Name:

Social Security Number:

DOB (DD/MM/YYYY):

Complete Mailing Address:

County: JEFFERSON Legal Resident of PA? YES NO

**SECTION II: DEPENDENT’S INFORMATION**

Number of Dependents living in Household?

Full Name of Dependents & Relationship to Veteran & Date of Birth:

**SECTION III: MILITARY INFORMATION**

Branch of Service:

Date of Entry into Service (MM/DD/YYYY):

Date of Discharge (MM/DD/YYYY):

Were you discharged under honorable conditions (check one)? ☐YES ☐NO

Do you have a physical disability? ☐YES ☐NO

If YES, is it a service-connected disability (check one)? ☐YES ☐NO

If YES, what is your US Department of Veterans Affairs Disability Rating? %

**SECTION IV: FINANCIAL STATUS**

Are you currently employed (check one)? ☐YES ☐NO

If YES, what is the name of your employer?

What is your total monthly employment income? $

If NO, what is your trade/profession and why are you unemployed?

What is your total monthly household income? $

What is your spouse/significant other’s total monthly household income? $

Are you currently receiving federal VA pension and/or disability benefits? ☐YES ☐ NO

If YES, what is the monthly amount of benefits and/or pension awarded? $

**Please input monthly expenses and attach most recent rent/mortgage, utility, car payment bills ext.**

Rent/Mortgage: $

Clothing/Laundry: $

Transportation: $

Utilities: $

Child Care: $

Credit Cards: $

Telephone: $

Car Insurance: $

Car Payment: $

Food: $

Medical: $

Other: $

Total Expenses per Month: $

**SECTION V: GRANT REQUEST**

**Brief Description of what brought you to this financial hardship and your need**:

Have you requested any other grants/money from other agencies or organizations? ☐YES ☐NO

If YES, please describe to whom and for how much:

Amount Requested from Jefferson County Veterans Affairs Emergency Assistance: $

\***Funds will be paid directly to vendor only**\*

***Signature and Authorization***

I have carefully read this application and the information contained on the application was given voluntarily. I hereby certify that the information submitted is true and correct to the best of my knowledge, information and belief.

Signature of Applicant

Date:

**SECTION VI: Grant Decision**

☐Approved ☐ Disapproved Date of decision:



Amount: $ Signed: