

# CARROLL COUNTY VETERANS ASSISTANCE APPLICATION

DATE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

When did you move to this address? \_\_\_\_\_

Previous address \_\_\_\_\_

When did you live at this address? From \_\_\_\_\_ To \_\_\_\_\_

Previous address \_\_\_\_\_

When did you live at this address? From \_\_\_\_\_ To \_\_\_\_\_

## MEMBERS OF FAMILY IN THE HOUSEHOLD

Name	Birthdate	Social Security #
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## OTHER PERSONS IN HOUSEHOLD

Name	Relationship	Income	Social Security #
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_____	_____	_____	_____
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Is there any reason you are unable to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Are you registered at the Workforce Center? \_\_\_\_\_

Last employment/date \_\_\_\_\_ whom employed for? \_\_\_\_\_

Why not employed now? Terminated \_\_\_\_\_ Quit \_\_\_\_\_ Laid off \_\_\_\_\_

**SERVICE RECORD:** Date of Entry \_\_\_\_\_ Branch: \_\_\_\_\_

Place of Entry: \_\_\_\_\_ Serial No. \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Place of Discharge \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Service Connected Disability: Yes/No

Renting \_\_\_\_\_ or Buying \_\_\_\_\_ Home/Apt. Amount of monthly payments \_\_\_\_\_

Whom renting or buying from \_\_\_\_\_  
Name Address

**PERSONAL PROPERTY**

Vehicles	Amount of payment	Date purchased	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Equity of other personal property such as Boats \_\_\_\_\_ Snowmobiles \_\_\_\_\_

Motorcycles \_\_\_\_\_ Campers \_\_\_\_\_ Other \_\_\_\_\_

Checking account/Bank \_\_\_\_\_ balance \_\_\_\_\_

Savings account/bank \_\_\_\_\_ balance \_\_\_\_\_

Stocks, bonds, and/or CD's \_\_\_\_\_ life insurance-company \_\_\_\_\_ cash value \_\_\_\_\_

Any real estate other than home you live in \_\_\_\_\_

**Employment History: (of all household members)**

Person	Worked for & address	Dates	Salary	Employment Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CHARGE CARDS OR PERSONAL LOANS**

Type	Amount	Monthly payments	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER CURRENT MONTHLY EXPENSES**

Monthly expenses

Rent or house payment \_\_\_\_\_

House taxes \_\_\_\_\_

Fuel \_\_\_\_\_

Electric \_\_\_\_\_

Water \_\_\_\_\_

Telephone \_\_\_\_\_

Cable \_\_\_\_\_

Car payment \_\_\_\_\_

Gas for car \_\_\_\_\_

Car repair \_\_\_\_\_

Insurance: Car \_\_\_\_\_ Health \_\_\_\_\_ Life \_\_\_\_\_ Home \_\_\_\_\_

Medication \_\_\_\_\_

Food and household supplies \_\_\_\_\_

**LIST ALL INCOME AND SOURCE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER PROGRAMS WHICH PROVIDE ASSISTANCE:**

FIP \_\_\_\_\_

Food stamps \_\_\_\_\_

Social Security SSI and/or Disability \_\_\_\_\_

Veterans pension \_\_\_\_\_

Fuel assistance \_\_\_\_\_ WIC \_\_\_\_\_ HUD \_\_\_\_\_ Title XIX \_\_\_\_\_

**Assistance Requested** \_\_\_\_\_

**Decision** \_\_\_\_\_

