

Cerro Gordo County Veterans Commission Assistance Application

The Cerro Gordo County Commission of Veterans Affairs may provide assistance to Veterans in the way of rent, food, or utilities. Veterans must meet the following requirements:

- Must meet the requirements of a Veteran as defined in 38 CFR
- Have a DD214/DD215/NGB 22 with Honorable or Under Honorable Conditions
- Must be a Cerro Gordo County resident for at least 60 days with intent to remain in this county
- Must meet income/asset guidelines
- Must have an emergency need that cannot be met by other means or due to financial misconduct
- Must provide all required documentation

Required Documentation:

- DD214/215 or NGB 22
- Last 3 months of bank statements (All accounts and transactions)
- Copy of driver's license with Cerro Gordo County address
- Current Bills
- If a widow; marriage and death certificate of veteran (If Applicable)
- Rental agreement, Federal ID/W-9 form
- Verification of pay from current employer/SSA (If Applicable)
- Verification of assistance from other agencies (If Applicable)
- A current doctor's statement on the doctor's letterhead which specifically indicates your inability to work: to include a reference to the expected duration of your condition. (If Applicable)
- Verification that all unemployed, able bodied adults (including adult children) in the household are registered with workforce development and have applied for unemployment (If Applicable)
- Service Connected letter (If Applicable)

Applicant Information

Name: _____

Address: _____

Phone: _____

SSN: _____

DOB: _____

Please list all members of your household

Name	Phone	SSN	DOB	Relationship
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Income Source	Applicant	Spouse	Child
Take Home Pay	\$	\$	\$
Unemployment	\$	\$	\$
Food Support	\$	\$	\$
Social Security	\$	\$	\$
Supplemental Security Income(SSI)	\$	\$	\$
IPERS	\$	\$	\$
Child Support/Child Tax Credit	\$	\$	\$
Pension	\$	\$	\$
Interest/Dividend/Rent	\$	\$	\$
FIP	\$	\$	\$
VA Compensation	\$	\$	\$
VA Pension	\$	\$	\$
Any Other Income	\$	\$	\$
Total Income	\$	\$	\$

Monthly Expenses	Amount
Rent/ Mortgage	\$
Trailer Lot Rent	\$
Electric/Gas	\$
Water/Sewer/Trash	\$
Groceries	\$
Vehicle Gas and Maintenance	\$
Phone	\$
Child Care	\$
Hospital/Doctor/Dental	\$
Medication	\$
Car Payment	\$
Insurance	\$
Other	\$

Assets	Amount
Cash	
Savings	
Checking	
401K/IRA	
Other	

Other Assistance	Yes/No
Food Support	
Utility Assistance	
Hawk I	
Title XIX	
CIRHA	
Other	

Please list any debts or bills not being paid:

Please state your need for assistance:

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Applicants must wait 12 months from date of assistance (if granted) to reapply. An applicant will not receive assistance more than \$300 max for rent. There is a limitation of \$200 max per utility, \$25 of food assistance, and *no payment will be made on bills past due more than 30 days.*

I understand the terms listed above in regards to limits on assistance and that the program is intended to provide emergency relief and self-sufficiency and pledge to make repayment if possible.

Printed Name

Signature

Date

Release of Information

I hereby authorize any person or organization to provide the Cerro Gordo County Veterans Affairs Office any information requested about myself or the members of my household. A copy of this release is as valid as the original. This release does not apply to protected health information and expires 12 months from the date signed.

Printed Name

Signature

Date

I _____ state that I have read this application and the information provided is true and complete. I understand that providing false information may result in legal action against myself and the denial of assistance.

Printed Name

Signature

Date