

Courthouse  
201 West Main Street  
Decorah, Iowa 52101



Phone: 563-382-5786  
Fax: 563-382-8491

## Application for Assistance

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**Required Documents:** These need to be mailed or dropped off in our office with original signature(s).

\_\_\_\_\_ **Certified DD-214 (discharge papers).** Do NOT provide your original as you will not get it back, you can request one from the Recorder's Office. If you do not have it recorded, we suggest you do so.

\_\_\_\_\_ **Completed application, do not leave any spaces blank.** If it doesn't apply to you write "n/a" or "0" on space. You are encouraged to explain your emergency situation, can use back of this form or attach with application.

\_\_\_\_\_ **Copy of Social Security cards.**

\_\_\_\_\_ **Copy of all payroll stubs and/or self-employment records of veteran, spouse or significant other living in the household for the PAST 30 DAYS.**

\_\_\_\_\_ **Copy of bank statement within last 30 days.**

\_\_\_\_\_ **Copy of marriage certificate, children birth certificate(s), if applicable. You may provide a copy of your latest Federal Income Tax Return showing the same information.**

\_\_\_\_\_ **If unemployed, provide proof of registration (printout of unemployment status or letter from IWF showing active in job searching) with the Iowa Workforce Development Center.**

Iowa Workforce Development Center  
312 Winnebago  
Decorah, IA 52101  
563-382-0457

Any questions or assistance completing the application, please contact our office.

Date Received (*office use only*) \_\_\_\_\_

**Application**

If additional space is needed to answer any questions, please use the back of this form. You are encouraged to explain your emergency situation. Any information provided on the application and/or additional documents may be subject to verification by this office.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Military Veteran's Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
Service Enlistment Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Birthplace: \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Address: \_\_\_\_\_  
& Telephone #: \_\_\_\_\_  
Length of time at current address: \_\_\_\_\_

If you have lived at your current address less than five years, please list where you have lived during the five preceding years and the time frame at each address From and To. *(list on the back of this page)*

Current monthly rent/mortgage payment \_\_\_\_\_  
If renting, landlord's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### **Others Living In The Household**

Name	Relationship	Age	Employed (yes or no)
_____	_____	_____	_____
_____	_____	_____	_____

### **Employment Record Of Household Members**

Name	Employer	Phone #	Earnings
_____	_____	_____	_____
_____	_____	_____	_____

If any member of the household is in receipt of benefits from Social Security Administration, please give their name and benefit amount: \_\_\_\_\_

Are you receiving service-connected compensation or non-service connected pension from VA?  
\_\_\_\_\_ Yes Amount \_\_\_\_\_ No

Do you have any other real estate other than your residence? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe the property and give the current estimated value and any indebtedness against the property. \_\_\_\_\_

If any household name is on any joint account(s) you will need to list them below.

### **Checking and/or Savings Accounts:**

<u>Name of Lender</u>	<u>Phone #</u>	<u>Account #</u>	<u>Current Balance</u>
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**Investments by household members: (stocks, bonds, CD's, IRA's)**

<u>Type of Investment</u>	<u>Name of Owner</u>	<u>Current Value</u>
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**Vehicles: (Cars, trucks, and any recreational vehicles):**

<u>Owner(s)</u>	<u>Make &amp; Year</u>	<u>Lender Name and Balance Due</u>
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**Health and/or Life Insurance Policies:**

<u>Type of Insurance</u>	<u>Name of Insured</u>	<u>Value of Insurance or Premium Payment Amts.</u>
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<u>Debts owed</u>	<u>To Whom Owed</u>	<u>Explanation</u>	<u>Amount Owed</u>
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Please list the type of assistance you are asking for: \_\_\_\_\_

Please list if any assistance was received from another County VA Office within the last 12 months and what county: \_\_\_\_\_

**Monthly Household Income/Expenses**

*Note: You must be as accurate as possible*

**Gross Monthly Income:**

Salary/Wages of Veteran .....	\$ _____
Salary/Wages of Spouse or Significant other.....	\$ _____
Social Security .....	\$ _____
Unemployment/Workman's Comp.....	\$ _____
Retirement Pension .....	\$ _____
Military Retired Pay .....	\$ _____
VA Compensation .....	\$ _____
VA Pension .....	\$ _____
VA Education Benefit .....	\$ _____
Food Stamps .....	\$ _____
Child Support, Alimony .....	\$ _____
Vocational Rehabilitation, Farm Income .....	\$ _____
Other .....	\$ _____
<b>TOTAL .....</b>	<b>\$ _____</b>

**Monthly Expenses:**

Rent or Mortgage Payment .....	\$ _____
Electrical Service .....	\$ _____

Heating Service .....	\$ _____
Car Payment.....	\$ _____
Car Insurance .....	\$ _____
Medical Expenses.....	\$ _____
Health Insurance .....	\$ _____
Telephone and/or Cell .....	\$ _____
Water/Sewage/Garbage .....	\$ _____
Gasoline for Vehicle .....	\$ _____
Food and Groceries.....	\$ _____
Cable or Satellite .....	\$ _____
Internet Service.....	\$ _____
Credit Cards.....	\$ _____
Child Support, Alimony .....	\$ _____
Other .....	\$ _____
<b>TOTAL.....</b>	
<b>\$ _____</b>	

**Employment**

Veteran _____	Spouse/Significant Other: _____
Employer _____	Employer _____
Gross salary per hour _____	Gross salary per hour _____
Hours worked per week _____	Hours worked per week _____

I certify that all the information provided by me on this application is correct and true. If I provide false information, the matter can be referred to law enforcement officials for the filing of criminal charges. **If my application for assistance is denied, I have the right to appeal to the Winneshiek County Board of Supervisors.** I do hereby authorize any financial institution, person, firm or corporation to disclose to the representatives of the Winneshiek County Commission of Veterans Affairs any and all information they may request concerning any questions asked in this application.

\_\_\_\_\_  
Print Veteran's Name

\_\_\_\_\_  
Print Spouse/Significant Other Name Living  
in Household

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Signature Spouse/Significant Name Other  
Living in Household

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### **Authority for Release and Exchange of Information**

I/We the undersigned applicant(s) authorize any financial institution to provide to the Winneshiek County Commission of Veterans Affairs as to any and all of my financial holdings, to include family members living in my (our) household. Furthermore, I (we), hereby, authorize the Iowa Department of Human Services, Northeast Iowa Community Action and any other such type of organization to release to the Winneshiek County Commission of Veterans Affairs any and all information regarding the receipt of public assistance received by anyone in my (our) household.

If for any reason that I or my spouse may be of such medical and/or mental health condition(s) which affect our ability to be gainfully employed, such medical evidence shall be provided to the office of the Winneshiek County Commission of Veterans Affairs.

\_\_\_\_\_  
Print Veteran's Name

\_\_\_\_\_  
Print Spouse/Significant Other Name Living  
in Household

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Signature Spouse/Significant Other Name  
Living in Household

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

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

This release shall be good for one year from the date written above.

