



SIoux COUNTY, IOWA VETERANS ASSISTANCE APPLICATION

EXPLANATION AND INSTRUCTIONS

Sioux County's Veteran's Assistance program may be able to assist resident veterans who were honorably or generally discharged from their military service, who find themselves in need of temporary, emergency-type financial assistance to help pay for the necessities of life, ie. utilities, shelter, food, due to circumstances beyond their control.

This program is available to veterans who meet the income guidelines established by the county, and who have a plan in place to meet their financial needs after the assistance is provided. Each application is reviewed on an individual basis to determine eligibility for assistance.

Veterans facing temporary financial hardship who wish to apply for county assistance should complete page 1 of the following application and send it, along with a copy of the bill or bills they would like assistance with (rent assistance requests require landlord verification of monthly payment due) AND a certified copy of their military discharge to:

**Sioux County Veterans Affairs
PO Box 233
Orange City, IA 51041-0233**

Questions about this program or the application process may be directed to Sioux County Veterans Affairs, or an appointment may be made to visit in person with the county Veterans Affairs Director, by calling 1-712-737-2999.

Our office is located on the 1st floor of the courthouse, at 210 Central Avenue SW, Orange City, Iowa.



SIoux COUNTY, IOWA VETERANS ASSISTANCE APPLICATION

Veteran's Name: _____

Spouse's Name: _____

Social Security#: _____

Social Security#: _____

Address: _____

Home Phone # _____

Cell/Work # _____

Reason for request (why are you unable to pay your bills at this time)? _____

How will you pay these bills next month? _____

If you are unemployed: how long have you been without a job? _____ Are you looking for work? _____

If not, do you have a doctor's order stating you cannot work? _____ Reason you cannot work: _____

Have you received assistance to pay your bills in the past 24 months from any other source(ie. Mid-Sioux Opportunity, friends, relatives)? _____

VETERAN SERVICE RECORD

Date of Entry _____ Branch _____

Date of Discharge _____

Type of Discharge _____

Do you have a Service Connected Disability?: Yes () No ()

WWI () WWII () Korea () Vietnam () SW Asia ()

Peacetime () Other () list _____

Remarks _____

Length of legal residence in: Iowa _____ Sioux County _____

PERSONAL DATA

Birthdate, Spouse _____ Age _____

Place of Birth _____

Date of Marriage _____

Date Marriage ended _____

Reason Marriage ended _____

Insurance: Hospital _____

Medical _____

Rx Drug _____

DEPENDENT CHILDREN

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

ASSETS

Home _____ Value _____

Mortgage Balance _____ Equity _____

Other Real Estate Value _____

Checking Account Yes () No () Current Balance \$ _____

Savings Account Yes () No () Current Balance \$ _____

Securities, Bonds, Etc. Total Value: \$ _____

INCOME AND RESOURCES

	\$	Veteran	Spouse
Compensation or Pension:	\$	_____	\$ _____
Social Security Income:	\$	_____	\$ _____
Direct Aid (ie. Food stamps)	\$	_____	\$ _____
Utility/Rent Assistance	\$	_____	\$ _____
Interest, Rents, etc. RECEIVED:	\$	_____	\$ _____
Private Earnings (wages etc.)	\$	_____	\$ _____
Child support	\$	_____	\$ _____
Any/All Other Income	\$	_____	\$ _____
IPERS/ other retirement income	\$	_____	\$ _____

AMOUNT CURRENTLY OWED OR SPENT PER MONTH FOR:

Rent: \$ _____	Food: \$ _____
Heat: \$ _____	Electric: \$ _____
Water/Sewer/Grbg: \$ _____	Pharmacy: \$ _____
Medical bills: \$ _____	Dental bills: \$ _____
TV/Internet: \$ _____	Cell Phone: \$ _____
Vehicle Payments: \$ _____	Boat/Camper, etc: \$ _____
Credit Cards: \$ _____	School Tuition: \$ _____

AMOUNT REQUESTED FOR NECESSITIES:

	Amount Requested	Date Due	For office Use: Amount Approved
Rent:	\$ _____	_____	\$ _____
Heat:	\$ _____	_____	\$ _____
Electric:	\$ _____	_____	\$ _____
Water/Garbg/Sewer: ...	\$ _____	_____	\$ _____
Food:	\$ _____	_____	\$ _____
Prescription Drugs:	\$ _____	_____	\$ _____
Medical:	\$ _____	_____	\$ _____
Other:	\$ _____	_____	\$ _____
Other:	\$ _____	_____	\$ _____

I, _____ state that I have heard and/or read the above form and the matters therein set forth are true and complete.

Veteran's Signature

Date

