



# SAN JUAN COUNTY VETERANS' ASSISTANCE FUND

## Application Process

Those who have served more than 180 days of active duty or their immediate family members who need assistance should apply through local Veterans' Advisory Board members or American Legion posts. The following will have applications on hand. Those with a dishonorable discharge are not eligible. ***(Dedicated assistance call-in line is 370-7632, messages are checked daily.)***

### Applications are available at these locations:

San Juan County Council Office  
55 Second Street, First Floor  
Friday Harbor, WA 98250  
(360) 378-2898

American Legion Club, Post 163  
Friday Harbor, WA  
(360) 378-5705

Family Resource Center,  
Friday Harbor (360) 378-5246

#### Sheriff's Offices:

San Juan Island (360) 378-4151  
Lopez Island (360) 463-2333  
Orcas Island (360) 376-2207  
Shaw Island (360) 468-2333  
Other Islands (360) 378-4151

American Legion Post 93  
793 Crescent Beach Dr.  
Eastsound, WA Orcas Island  
(360) 376-4987

American Legion Post 185  
Lopez Island  
(360) 468-2264

Senior Center, Mullis Center,  
Friday Harbor (360) 378-2677

Senior Center, Lopez Center, Lopez  
(360) 468-2421

Senior Center, Eastsound, Orcas Island  
(360) 376-2677

#### Libraries:

SJI (360) 378-2798 / Orcas Island (360) 376-4985 / Lopez Island (360) 468-2265

*Application information can also be obtained through the San Juan County website at <http://www.sanjuanco.com/committees/veterans/docs/SJCVeteransAssistanceApplication.pdf>*

### What to bring:

- ✓ **DD214** or Statement of Service. If you don't have either, call the Veterans' Administration Regional Office at 1-800-827-1000 for assistance. Discharge Certificate for WWII veterans.
- ✓ **Proof of San Juan County residency** at time of application and 12 consecutive month's residency in Washington State.
- ✓ **Photo ID** such as drivers license, state ID, passport.
- ✓ **Proof of registration with the Washington State Job Service Veterans Section.** Those on disability are exempt.
- ✓ **If married, marriage certificate, and birth certificate or adoption papers** of dependent children.
- ✓ **Income verification** that demonstrates need of assistance (pay stubs, tax return, unemployment check stubs, etc.)
- ✓ **Rental assistance requests:** Copy of rental agreement/lease, plus written documentation such as late rent notice or eminent eviction. Hand written notes are not acceptable. Applicants must be able to demonstrate how they are going to pay future rent.



# SAN JUAN COUNTY VETERANS' ASSISTANCE APPLICATION

Revised August 9, 2015

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

**APPLICANT INFORMATION** *(Dedicated call-in line is 370-7632, messages are checked daily.)*

Last \_\_\_\_\_ First, Middle Initial \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ - - \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

Marital Status (Check One)  Single  Married  Divorced  Widowed

Number of Dependent(s) living with you: \_\_\_\_ If you are a dependent, orphan or widow/widower, name the Veteran through which you are applying for assistance and their relationship to you: **(Attach proper identification for yourself and your dependents)**

Years of residency in Washington State: \_\_\_\_\_ Period of residency in San Juan County: \_\_\_\_\_

**MILITARY QUALIFICATIONS** *(Attach copy of DD-214 or Certificate of Discharge)*

Enlistment Date: \_\_\_\_\_ Branch: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**INCOME INFORMATION/QUALIFICATION**

Please list all sources of income and provide documentation (pay stubs, tax return, unemployment check stubs, social security payments, DSHS assistance check stubs, etc.) Please include all household income.

Major monthly expenses. Attach list if needed \_\_\_\_\_

Are you looking for work? Please provide evidence. \_\_\_\_\_

Have you applied for assistance from the Department of Social and Health Services, State of Washington, US Veterans Administration, Social Security, or any other agency?  Yes  No If yes, please provide details:

**REASON ASSISTANCE IS BEING REQUESTED**  
**(PLEASE INCLUDE ANY BACKGROUND INFORMATION AVAILABLE)**

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

**ASSISTANCE REQUESTED**

What is the amount you are requesting, and for what purpose(s) (food, transportation costs, car repair, clothing, rent, or other - please specify). Include names and addresses of persons or businesses to which checks should be made out to, and attach documentation.

Amount Requested	Purpose	Name and Address of Vendor

*Please note: the VAB will not approve financial assistance for any of the following: alcohol, tobacco, recreational drugs, lottery tickets, and non-essential grocery store items.*

**ATTEST**

I hereby swear that I am an indigent veteran, or veteran's dependent, and am applying for assistance from the taxpayers of San Juan County, based on the representations set forth above, which I swear to be true under penalty of perjury.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**Note: Send completed form with supporting documents to your local VAB representative; or mail to County Council, 350 Court St. #1, Friday Harbor; WA 98250, or email to veterans@sanjuanco.com**

**DO NOT WRITE BELOW THIS LINE – THIS AREA IS FOR REVIEWER ONLY**

Date Request Received: \_\_\_\_\_ Intake Representative: \_\_\_\_\_

Interview/Review conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

SENIOR CENTER       VAB MEMBER       AMERICAN LEGION       OTHER

Date Review Completed: \_\_\_\_\_ Recommendation: \_\_\_\_\_

**APPROVED:**

\_\_\_\_\_  
Veterans' Advisory Board Chair

\_\_\_\_\_  
Date