



# SAN JUAN COUNTY VETERANS' ASSISTANCE APPLICATION

Revised January 26, 2018

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

## APPLICANT INFORMATION *(Contact # 360-370-7470, 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. I authorize the SJC VAB to share the above personal information with other support organizations for the purpose of better meeting my assistance needs.

\_\_\_\_\_  
*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