



Butler County Veterans' Service Commission

315 High Street – 1st Floor
Hamilton, Ohio 45011
Phone (513) 887-3600
Fax (513) 887-3519

FINANCIAL APPLICATION APPOINTMENT NOTIFICATION

Butler County Veterans Service Commission financial aid is governed by OHIO REVISED CODE TITLE 59.

Funding for this program is provided in accordance with the ORC Title 59: Military Affairs through the property taxes of all Butler County citizens be they veteran or non-veteran. We are not part of, nor under the auspices of the Department of Veterans Affairs. We are not associated with or under the auspices of the Federal Soldiers and Sailors Relief Act.

*****PLEASE NOTE*****

CANCELLATION NOTICE IS REQUIRED AT LEAST TWENTY-FOUR (24) HOURS BEFORE SCHEDULED APPOINTMENT.

FAILURE TO DO SO WILL RESULT IN A THIRTY (30) DAY WAITING PERIOD TO RESCHEDULE.

PLEASE BE ADVISED THAT THE EMPLOYEE ASSISTING YOU WITH YOUR APPLICATION DOES NOT HAVE AUTHORITY TO APPROVE OR DENY YOUR REQUEST FOR AID. Your application for financial assistance will be considered from the information obtained from the following documents:

1. **VALID OHIO'S DRIVERS LICENSE OR AN OHIO STATE ID:** Is required before an application is taken! It is required each time an application is taken.
2. **DD214 ATTESTING TO HONORABLE SERVICE BEYOND TRAINING:** with Regular Armed Forces of the United States.
3. **PROOF OF BUTLER COUNTY RESIDENCY:** (Acceptable Proof: Rent Receipts, Mortgage Payments, Voter Registration, Notarized Statement from Landlord/Employer, Utility bill in Veteran or Spouse Name).
4. **SOCIAL SECURITY CARDS OF ALL HOUSEHOLD MEMBERS**
5. **BIRTH CERTIFICATES OF CHILDREN/AND IF APPLICABLE CUSTODY PAPERS.**
6. **MARITAL STATUS:** (Marriage Record), (Divorce Decree), (Legal Separation),
7. **CHILDREN IN SCHOOL:** Institution of higher learning copy of current registration or class schedule that includes student identification number.
8. **DISABILITY:** If you or your spouse are unable to work due to a disability you must bring in a medical documentation from your doctor stating the reason and when or if you will be able to return to work.
9. **VERIFICATION OF ALL MONIES AVAILABLE TO THE HOUSEHOLD OVER PAST 4 WEEKS TO INCLUDE STOCKS, BONDS, RECENT BANK STATEMENTS (MUST BE LESS THAN ONE (1) WEEK OLD):** (Pay Stubs), (Human Services), (Earnings Statement on company letterhead), (Social Security, SSI, VA, etc.). **NOTE:** Subcontractors and/or self-employed provide accounting statement and/or personal documents we can verify; previous year federal income tax return and current year financial ledger.
10. **BASIC MONTHLY LIVING EXPENSES:** (Rent Receipts/Agreement), (Mortgage Payment, Insurance & Taxes), (Utility Billings), (Car Payments), (Reasonable Car Repairs with proof of car insurance), (children's lunch), (Medical-"Out-of-Pocket" Expenses for Veteran/Spouse/Children, Prescriptions for Spouse/Children), (Reasonable Eye Care), (Telephone Bill), (Life Insurance Premiums).



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Checklist of Items

Use this to make sure you have everything when you come in. This will speed the processing time of your application.

- _____ Valid Ohio's Driver's License or Ohio State ID (Required for Each Application)
- _____ Copy of DD214-Discharge from Military attesting to Honorable discharge.
- _____ Proof of Butler County residency
- _____ Birth Certificates for children
- _____ Death Certificates
- _____ Social Security Cards-**all** household members
- _____ Marriage/Divorce Decree if applicable.
- _____ Custody Papers-if not their child
- _____ Child Support Documents-Must show payments, arrearages and applicable children.
- _____ Medical Professional Statement of ability to work/not work

Income and Expenses -Documentation required

Please rough draft requested information below before appointment; all will be reviewed during your interview. Any discrepancies will be clarified – documentation is mandatory.

VERIFICATION OF ALL MONIES AVAILABLE TO THE HOUSEHOLD OVER PAST THIRTY (30) DAYS-

These are current pay documents. CHECK STUBS WITH DETAIL. No more than 4 weeks old from date of appointment.

	Veteran	Spouse/Significant Other	Other Adults in Household
Wages	_____	_____	_____
SSI	_____	_____	_____
Welfare (GR-AD)	_____	_____	_____
Pension or Comp	_____	_____	_____
Retirement	_____	_____	_____
Child Support	_____	_____	_____
Unemployment	_____	_____	_____
Workers Comp	_____	_____	_____
Social Security	_____	_____	_____
SSI/Children	_____	_____	_____
Other	_____	_____	_____
Family Loans	_____	_____	_____

BANK STATEMENTS-Must show thirty (30) days of entries, **BUT** statement must be **less than one (1) week old!!** Must detail who/what debit/credit entries are.

MORTGAGE/LEASE/RENTAL AGREEMENT-MUST HAVE LANDLORD/MORTGAGE HOLDERS CURRENT CONTACT INFORMATION TO INCLUDE ADDRESS AND PHONE. Mortgage information must show monthly payment, any late payments, **and total due:** _____. Lease/Rental agreements required to show the number of individuals' lease/rental agreement covers, and monthly payment amount, **total due:** _____.

UTILITY STATEMENTS: Electric _____ Gas _____
Water _____ Fuel Oil _____

TELEPHONE STATEMENT _____ **LIFE INSURANCE POLICIES** _____

AUTO INSURANCE Include Contact and Billing Information; total due: _____

Above Proof-of-Insurance required for following:

CAR PAYMENT Contract and Payment Book (current page) _____

CAR REPAIR Estimate or Final Bill Marked Paid _____

MEDICAL RECEIPTS -"Out-of-Pocket" Expenses _____

CHILDREN IN SCHOOL- Lunches & School Fees _____

If over eighteen (18) year old and/or in institution of higher learning need copy of current registration or class schedule that includes student identification number.

ANY OTHER BASIC MONTH LIVING EXPENSES OR PERTINENT INFORMATION ATTESTING TO NEED.

