



Butler County Veterans Service Commission

FINANCIAL APPLICATION APPOINTMENT NOTIFICATION

Appointment is scheduled for the following:

In Person at:
Hamilton Office located at
315 High Street – 1st Floor
Hamilton, Ohio 45011

Phone call:
You will receive a phone
call at your appointment
time.

Appointment is for VETERAN (APPLICANT): _____

Appointment is scheduled for: _____ (Time) On _____ (Day) _____ (Date)

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

IF YOU NEED TO RESCHEDULE OR CANCEL APPOINTMENT SCHEDULED
PLEASE CALL (513) 887-3600 OR (513) 425-8600

Not showing for an appointment may result in a thirty (30) day wait time for scheduling next appointment.

The Benefit Coordinators are only responsible for summarizing the information obtained from the submitted documents.
Benefit coordinators do not make the decision to APPROVE OR DENY financial assistance requested.

IDENTITY DOCUMENTATION which **must be showed each time** before an assistance application can be opened:

1. **A VALID OHIO DRIVERS LICENSE/STATE ID**
2. **CURRENT PROOF OF BUTLER COUNTY RESIDENCY** (Acceptable Proof: Printed rent receipts/mortgage statements, voter registration cards, utility bills in name of Veteran or spouse, notarized statements from landlord.)

DOCUMENTATION which **must be shown at first application**, of when there are household changes (copies will be made):

3. **Discharge (DD214) showing HONORABLE SERVICE** in the US Military (BEYOND initial training.)
4. **SOCIAL SECURITY CARDS** for ALL household members.
5. **BIRTH CERTIFICATES / LEGAL CUSTODY /SUPPORT DOCUMENTS** for all supported dependents.
6. **MARITAL STATUS DOCUMENTS** (Marriage Certificate/Divorce Decree/Legal Separation/Death Certificate),
7. **SHORT OR LONG TERM DISABILITY DOCUMENTATION:** If you or your spouse are unable to work medical documentation is required explaining the reason for inability to work, and if there is a projected return to work date. Application for SSD status if permanent.

DOCUMENTATION of income and expenses available for the thirty (30) days prior to appointment date:

8. **CHILDREN over 18 yo who are still in school:** (Both high school and college level) A copy of current registration or class schedule that includes student identification number is required.
9. **VERIFICATION OF ALL MONIES AVAILABLE TO THE HOUSEHOLD OVER PAST 4 WEEKS**
(This includes pay stubs or an earnings statement on company letterhead, proof of Social Security, SSD, VA Pension or Compensation, SSI, etc.). **SPECIAL NOTE:** Subcontractors and/or self-employed individuals must provide accounting statement and/or personal documents we can verify work history to include but not limited to: current year ledgers and previous year federal income tax returns.
10. **BANK STATEMENTS for all checking and savings accounts that is LESS THAN ONE (1) WEEK OLD:**
11. **BASIC MONTHLY LIVING EXPENSES DOCUMENTS:** Rent Receipts/Agreements/Mortgage Payment (to include insurance & property taxes paid lender), current utility statements (this includes telephone / internet / electric / water / sewer / refuse), insurance billing statements for Life, Home/Renters and Auto insurances, any vehicle payments (requires proof of insurance), reasonable receipts or quotes for vehicle repairs (requires proof of insurance), dependents school expenses, Veteran/dependent's "Out-of-Pocket" medical expenses (copays, prescriptions, durable goods).

TO HELP YOU GATHER REQUIRED DOCUMENTATION- USE THE CHECK LIST ON NEXT PAGE.

The more information provided at initial interview allows for a shorter turn-around on your request for assistance.



Butler County Veterans' Service Commission

FINANCIAL APPLICATION APPOINTMENT NOTIFICATION

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/Partner	Other Adults in Household
Wages	_____	_____	_____
SSD	_____	_____	_____
Pension or Comp	_____	_____	_____
Social Security	_____	_____	_____
Retirement	_____	_____	_____
Child Support	_____	_____	_____
Unemployment	_____	_____	_____
Workers Comp	_____	_____	_____
SSI	_____	_____	_____
SSI/Children	_____	_____	_____
Other	_____	_____	_____
Family Loans	_____	_____	_____

BANK STATEMENTS-Must show **thirty (30) days of entries, BUT must be less than one (1) week old!! Must show the who or what as well as amount for each deposit/withdrawal**

MORTGAGE/LEASE/RENTAL AGREEMENT-Provide current contact information (address and phone) for landlord/mortgage holders.

Mortgage statement must show detail for: P & I amts. due _____, any HOA/Taxes/Ins amts. Due _____, **and total due:** _____.

Lease/Rental agreements required to show term of agreement _____ the no. of individuals authorized to live there _____, monthly payment amount _____, any HOA/Utilities amounts included _____, **and total due:** _____.

UTILITY STATEMENTS: Electric _____ Gas _____ Water/Sewer _____

Other Utilities _____ Phone _____ Internet _____ Heating _____

For all insurances include contact information (name and number), account numbers, and billing frequency (monthly/quarterly/annual)

HOME/RENTAL INSURANCE _____ **LIFE INSURANCE POLICIES** _____

VEHICLE INSURANCE monthly amount due: _____ (Vehicle insurance coverage required for payments and repairs)

VEHICLE PAYMENT Contract &/or Payment Book showing monthly amount _____ **and total due** _____

VEHICLE REPAIR Estimates or Final PAID Bill _____

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

CHILDREN SCHOOL COSTS- 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.

