

Application for Commission Grant

Veteran's Name: _____ Date of Application: _____
 SSN: _____ Date of Birth: _____ Phone #: _____
 Applicant (if other than veteran) _____ Relationship: _____
 Address: _____

Military Service Information **Veteran must provide proof of military service, DD214, etc**

Dependent Information: Name of spouse: _____ Date of Birth: _____

Names of children and ages: _____

General Information: Length of residence in Eau Claire County: _____

Applicant's employer and address: _____

Spouse's employer and address: _____

What will the funds be used for: _____

What are your needs: _____ continue on back

How much is needed: _____ continue on back

How will this correct the situation: _____ continue on back

Financial Statement: Debts – list amounts now owed on all debts that are not household expenses. Example: visa, master card, boat/car payment, appliance payments, etc. List additional debts on back side.

Owed To	Present Balance	Monthly Payment	Date Last Payment	Purpose of Debt
Household Monthly Expenses			Household Monthly Income	
Food or Room and Board	\$		Adult Wages (18 and older)	\$
Shelter (Rent/Mortgage)	\$		Examples: unemployment, Social Security SSI, Disability, VA compensation/Pension Food Share, Fuel Assistance, Rental Income	
Utilities (gas/oil, electricity, water, sewer, phone, etc)	\$			
Prescriptions and medical supplies	\$			
Health Insurance	\$			
Life Insurance	\$		Bill/invoice must be submitted	
Child Support	\$			
Child Day Care	\$			
Vehicle Insurance	\$			
Vehicle Gas & Maintenance, other transportation	\$			
Transportation Costs (if you do not own a vehicle)	\$			
Cigarettes/Liquor & Beer	\$			
Total Debt	\$			

All liquid assets in any household member's name

Cash on hand and in checking account	\$
Savings (include stocks, bonds, mutual funds, IRA etc)	\$
Property other than principle residence	\$

I certify that I have read, or have had read to me, all questions from this application. I understand that making a false statement to the questions on the application is a criminal offense punishable by a fine or imprisonment or both. I understand that Eau Claire County Veterans Service Office will verify the information provided on this application to determine my eligibility for Veterans Service Commission Grant, and I authorize them to access and/or release any information needed to assist in the determination of this grant.

I swear that all information provided on this form is true and complete.

Subscribed and sworn to before me this _____ day of _____ 201__.

Signature of Applicant: _____
