



## JACKSON COUNTY VETERANS AFFAIRS COMMISSION

311 West Platt Street-Maquoketa, Iowa 52060

Phone 563-652-0070 Fax 563-652-1785

Office Hours: Monday - Friday 8:30 am - 4:30 pm

E-Mail [reltrich@jacksoncounty.iowa.gov](mailto:reltrich@jacksoncounty.iowa.gov)

### Application for Assistance

In order to apply for Veterans Affairs financial assistance, your completed application and all requested documentation must be returned at the time of your interview. The documents are necessary to verify the information you have entered on the application. Once **all** the required information has been received, a decision will be made within **10 (10) business days**.

- Your **DD-214 discharge** form.
  - You will not be granted assistance if you do not have your discharge showing your dates of service and the type of discharge you received.
- Completed application.
  - **Do not leave any spaces blank.** If something does not apply to you, mark “NA” or draw a line through the blank.
- Two forms of identification showing your current address within Jackson County
- Social Security cards for **ALL** household members.
- Bank statements for the past three months for all household members.
- Payroll or self-employment records for the past eight (8) weeks.
- If you are not employed, you must provide proof of registration with the Iowa Work Force Development office. Registration is not required for the elderly or disabled.
- Your most recently filed income tax returns.
- Any life insurance policies on household members naming you a beneficiary and having any cash value.
- Proof of monthly benefit checks (Social Security, disability, pension, SSI, veterans’ benefits, unemployment, workman’s compensation, etc.) for all household members.
- Current utility bills (gas, electric, water etc.).
- A statement or rental agreement from your landlord if you are renting your residence.
- Notice of Decision from the Department of Human Services
  - Must show the benefits or the denial of benefits you have applied for.
  - You must make application for any and all benefits that you may be entitled to receive (food stamps, Title XIX, FIF, etc.)

Other: \_\_\_\_\_

**Complete all blanks** if this is a **new application** or if your previous application is **60 days old**.

Date of application: \_\_\_\_\_

<b>Type of Assistance Needed:</b> (Check all that apply)				
<input type="checkbox"/> Rent	<input type="checkbox"/> Utilities	<input type="checkbox"/> Food	<input type="checkbox"/> Personal	<input type="checkbox"/> Burial

**Applicant(s) Information:**

Legal Full Name:			
Previous/Maiden Name(s):		Birth Date:	SSN:
Address: How long?		City:	State:      Zip:
Previous address if you've lived at the above address for less than 12 months:			
Address:		City:	State:      Zip:
Email Address:		Phone:	
How long have you lived continuously in Iowa?			
How long have you lived continuously in Jackson County?			
Marital Status: (check one):			
<input type="checkbox"/> Married		<input type="checkbox"/> Single/Never Married	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
Date of marriage:		Date of Divorce:	
<b>Spouse, if any:</b>			
Legal Full Name:			
Previous/Maiden Name(s):		Birth Date:	SSN:
Is spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**List names, ages and relationship of all other persons currently living at your residence**

Name	Age	Relationship	Social Security #

**Military Service Information**

Branch of Service:	Type of Discharge:
Service #	
Date of Entry:	Date of Discharge:
Place of Entry:	Place of Discharge:

**War time service:**

WWI     WWII     Korea     Viet Nam     Gulf War     Other \_\_\_\_\_

<b>Disability Information:</b>	
Are you considered disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the disability:	<input type="checkbox"/> Service Connected? <input type="checkbox"/> Non-Service Connected
Nature of Disability:	
Have you applied for Social Security, Veterans, SSI, or any other type of disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type: When? Results:	If you were denied, did you reapply? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

<b>Housing Information:</b>	
Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Payment: \$
Landlord Name:	
Landlord Address:	City:    State:    Zip:

**\*For Both Applicant & Spouse Employment:**  
Please provide previous 8 weeks of pay stubs and bank statements for income verification.

<b>Applicant Employment Information:</b>	
Current Employer	Previous Employer
Name:	Name:
Address:	Address:
Length of Employment:	Length of Employment:
Type of Work:	Type of Work:

<b>Spouse Employment Information:</b>	
Current Employer	Previous Employer
Name:	Name:
Address:	Address:
Length of Employment:	Length of Employment:
Type of Work:	Type of Work:

**\*If there has NOT been employment for the past year:**  
Provide your most recent federal and state income tax returns and all bank statements for the last four (4) months.

<b>Education Information:</b>	
Highest grade in school you attended:	
Have you attended any college or trade schools? <input type="checkbox"/> Yes <input type="checkbox"/> No    Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No    Year:	
What type of training or education did you receive?	

**Household Banking Information:**

Name of bank:

Address:

City:

State:

Zip:

**List all forms of assistance your household is currently receiving:**

(Food stamps, housing assistance, energy assistance, general assistance, medical etc.)

**Assistance Information:**

Source	Type	Amount	Frequency
		\$	
		\$	
		\$	
		\$	

**List all monthly sources of household income:**

(include all household members)

Type of Income	Amount
Salary or wages (you)	\$
Salary or Wages (spouse)	\$
Salary or Wages (others)	\$
Self-Employment	\$
Business Income	\$
Farm Income	\$
Unemployment	\$
Workman's Compensation	\$
Social Security	\$
Company Pension	\$

Type of Income	Amount
Rental	\$
SSI or Disability	\$
VA Pension or Disability	\$
Private Disability	\$
ADC/AFDC	\$
Bonds/CD's	\$
Interest	\$
Investments	\$
Real Estate Contract	\$
Other	\$

**Total of All Household Income**

\$ \_\_\_\_\_

**Net Worth**

(List value of all IRA's, 401 plans, stocks, bonds, cash value of life insurance, vehicles (make, model & year), and market value of real estate minus any mortgages or liens.)

Net Worth Information:		
Item	Value	Amount Owed

**Monthly Living Expenses**

List all monthly expenses (mortgage/rent, utilities, grocery, gas, phone, bills, etc.)

Monthly Living Expenses	
Item	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**Total Monthly Living Expenses**      \$ \_\_\_\_\_

**Please Note:** Any false statement of a material fact made by an applicant constitutes perjury and is a punishable offense under Iowa Code 720.2.

**AFFIDAVIT**

I, the undersigned, first being duly sworn on oath, depose and state that I have read the above and foregoing statement of facts regarding eligibility for Assistance from the Jackson County Commission of Veterans Affairs and know the contents thereof to be true and correct as I verily believe. I further state that I and all other household members have no other income or means of support other than those as listed above. I will report to the Jackson County Commission of Veterans Affairs each and every month a true statement of all income and earnings by myself and all other household members as long as I continue to receive assistance from the Jackson County Commission of Veterans Affairs. Any false statement will also constitute grounds for denial of benefits from the Commission for a period of at least one (1) year.

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Signature of Applicant or legal representative Date

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Signature of Veteran's Affairs Director, Commissioner or Notary Public Date

**AUTHORIZATION TO RELEASE INFORMATION - PLEASE READ BEFORE SIGNING**

I understand that the information I provide to Jackson County is used to determine my household's eligibility for General Assistance. This information will be kept confidential as it is required by Iowa law except to the extent that I authorize its use. I hereby authorize the Jackson County Veterans Affairs Department to release the information I have provided, including use of my social security number, for the purpose of checking the accuracy of the information I have provided, to verify my income as reported and for any means necessary to determine my eligibility for General Assistance through the Veterans Affairs office. I also authorize the Jackson County Veterans Affairs Department to contact for information and/or inform vendors to who assistance would be paid on my behalf, including my landlord, whether my application for assistance has been approved or denied.

I hereby authorize Jackson County Veterans Affairs to release the information I have provided (including use of social security numbers) for the purpose of checking the accuracy of that information by contacting any local, state or federal government agency, private business, church, firm, agency, any financial institution, Operation New View, YWCA DV/SA Resource Centers of Jackson & Clinton Counties and \_\_\_\_\_.

I also authorize Jackson County Veterans Affairs to inform all vendors to whom assistance would be paid on my behalf, including my landlord, whether my application has been approved or denied.

In addition, I hereby authorize all of the previously named agencies and persons as well as all persons (doctors, employers, Department of Human Services (DHS), other Relief or Veterans Affairs Offices, banks, etc.) to release confidential information to Jackson County Veterans Affairs if it deems such information necessary to aide in the assistance application process. This release is valid for one (1) year from the date of signature.

**I solemnly swear that the statements I have made are true and correct to the best of my knowledge and belief. I am aware that it is unlawful to give false information. I understand that any willful misrepresentation of the information provided may result in denial of assistance as well as court action against those persons who have fraudulently participated in the Veterans Affairs General Assistance Program.**

\_\_\_\_\_  
(Signature of Applicant) Date

\_\_\_\_\_  
(Signature of Co-Applicant) Date

\_\_\_\_\_  
(Signature of Administrator or Intake Personnel) Date