



EXAMPLES OF ACCEPTABLE FORMS OF VERIFICATION INFORMATION

(Please provide a copy of all applicable documents)

Photo ID: *

- Current State ID
- Drivers License
- VA ID
- Passport

Proof of Service: *

- DD-214
- NGB-22
- Reserve Discharge Orders

Proof of Residency:

- Mortgage Statement
- Lease
- Deed to Home
- Real Estate Tax Statement
- Homeowners Insurance
- Utility Bills

Proof of Income: *

- Social Security Letter (SS, SSI, SSDI)
- Wages (2 paystubs if bi-weekly / 4 if weekly)
- Retirement, Pension etc.
- VA Awards Benefit Letter
- Copies of any other accounts (trust funds, bonds, etc...)
- Last three months of bank statements all accounts *
- Any other form of income (public aid, child support etc...)

Insurances:

- Health
- Life

Dependents:

- Birth Certificates *
- Social Security Cards *
- Adoption Papers
- Proof of Custody
- Child Support
- School/College Transcript if over 18

Marital Status

- Marriage Certificate
- Divorce Decree
- Proof of Legal Separation

Employability:

- Job Searches Records
- Proof of applying for employment

Proof of Unemployability Medical:

- Medical Statement from Physician
 - Must have a return-to-work date
 - If no return-to-work date is provided then letters are only good for 30 days

Legal:

- Vacate Notices *
- Copies of any pending legal actions
- Copies of participation in any Specialty Court

* Required for HUD/VASH applicants



APPLICATION FOR ASSISTANCE

DATE ISSUED: _____
DATE RETURNED _____

VAC CASE # _____
PHONE NUMBER _____

1. Veteran Information:

Last Name: _____ First Name: _____ MI: _____
SSN ___ - ___ - _____ D.O.B. ___/___/_____
Birthplace: _____ Email _____
Marital Status: _____ Date: _____ City/State: _____

2. Spouse Information:

Last Name: _____ First Name: _____ MI: _____
SSN ___ - ___ - _____ D.O.B. ___/___/_____
Birthplace: _____ Email _____

3. Dependents:

Last Name: _____ First Name: _____ MI: _____
SSN ___ - ___ - _____ D.O.B. ___/___/_____
Relationship: _____
Birthplace: _____

Last Name: _____ First Name: _____ MI: _____
SSN ___ - ___ - _____ D.O.B. ___/___/_____
Relationship: _____
Birthplace: _____

Last Name: _____ First Name: _____ MI: _____
SSN ___ - ___ - _____ D.O.B. ___/___/_____
Relationship: _____
Birthplace: _____

Last Name: _____ First Name: _____ MI: _____
SSN ___ - ___ - _____ D.O.B. ___/___/_____
Relationship: _____
Birthplace: _____

4. Home Address:

Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip/Postal Code: _____
Date moved in: _____ Monthly rent: _____

5. Mailing Address:

Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip/Postal Code: _____
Date moved in: _____ Monthly rent: _____



6. Are you currently homeless?

- Yes (If yes complete a. below)
- No

a. Check the box that applies to your living situation

- Living in a homeless shelter
- Not currently in a sheltered environment
- Staying with another person
- Fleeing current residence
- Other (Specify) _____

7. Are you currently at risk of becoming homeless?

- Yes (If yes complete a. below)
- No

a. Check the box that applies to your situation

- Housing will be lost in 30 days
- leaving publicly funded system of care (e.g. homeless shelter)
- Other (Specify) _____

8. Branch of Service:

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Army | <input type="checkbox"/> Airforce |
| <input type="checkbox"/> Marines | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Space Force |

9. Dates of Service: _____

10. Did you serve in any of the following **Gulf War** Locations?

- Iraq; Kuwait; Saudi Arabia; the neutral zone between Iraq and Saudi Arabia; Bahrain; Qatar; the United Arab Emirates; Oman; Yemen; Lebanon; Somalia; Afghanistan; Israel; Egypt; Turkey; Syria; Jordan; Djibouti; Uzbekistan; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; and the Red Sea.
- Yes
- No

11. Did you serve in any of the following **Herbicide** Locations?

- Republic of Vietnam to include the 12 nautical mile territorial waters; Thailand at any United States or Royal Thai base; Laos; Cambodia at Mimot or Krek; Kampong Cham Province; Guam or American Samoa; or in the territorial waters thereof; Johnston Atoll or a ship that called at Johnston Atoll; Korean demilitarized zone; aboard (to include repeated operations and maintenance with) a C-123 aircraft known to have been used to spray an herbicide agent (during service in the Air Force and Air Force Reserves).
- Yes
- No

12. Have you been exposed to any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Military | <input type="checkbox"/> Contaminated water at camp Lejune |
| <input type="checkbox"/> Mustard Gas | <input type="checkbox"/> Occupational | |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Specialty (MOS)- | |
| <input type="checkbox"/> SHAD (Shipboard Hazard and Defense) | <input type="checkbox"/> related toxin | <input type="checkbox"/> Other: (Specify) |



13. Past Employment (most recent first):

Company: _____ Location: _____
Type of work: _____ Wage: _____ Per: (hour)(week)(month)
Date Started: _____ Dated Departed: _____
Reason for Leaving: _____

Company: _____ Location: _____
Type of work: _____ Wage: _____ Per: (hour)(week)(month)
Date Started: _____ Dated Departed: _____
Reason for Leaving: _____

Please circle and initial next to each answer

14. Are you in receipt of SS, SSI, SSDI?

- Yes, Skip 13-16
- No, Complete 13-16

15. Are you registered with Illinois Job Service? Yes or No

16. Are you Eligible for Unemployment Insurance? Yes or No

17. Are you able to work? Yes or No If no why? _____

18. Are you willing to search, apply for employment and accept any offers of employment? Yes or No

I have completed this application for assistance for the Veterans Assistance Commission of Winnebago County, and declare under penalties of perjury that to the best of my knowledge and belief, the information supplied in this application and all accompanying statements and/or documents, is true and correct, and that it is a complete statement of all income, assets, or resources belonging to me or to any member of my household or immediate family.

I agree to notify the VACWC of any change whatsoever in need, or in the resources listed herein, or any new or additional income or resources. Failure to provide complete and/or accurate information may result in delay or denial of assistance.

Signature of Applicant

Date

Signature of Spouse

Date



Release of Information

I, _____ and _____, hereby authorize the Veterans Assistance Commission of Winnebago County (VACWC) to disclose specific information related to my application for Veterans Assistance to designated entities or individuals as required for the administration of Veterans Assistance or as mandated by law.

I understand that the information disclosed may include, but is not limited to, financial records, medical documentation, employment status, and any other relevant details necessary for the determination of my eligibility for assistance.

I authorize the VACWC to utilize IRIS to make referrals to 3rd party agencies.

I acknowledge that the VACWC and its respective officers and employees are prohibited, except as provided by law, from disclosing the contents of any records, files, papers, and communications except for purposes directly connected to the administration of Veterans Assistance or as required by law.

I understand that some applicant information, such as the applicant's household found eligible for Veterans Assistance, may be shared with Winnebago County, the Administrator of General Assistance at the Township Office, or other Administrator of General Assistance in the jurisdiction of the applicant's/recipient's address and previous address.

I also acknowledge my right to review my records and present additional information to the VACWC that may have a bearing on my application.

By signing this form, I consent to the disclosure of specific information related to my application for Veterans Assistance as outlined above.

This document/authorization is valid for a period of one year from the date of issuance.

Signature of Applicant

Date

Signature of Spouse

Date



Rights and Responsibilities of Veterans Assistance Applicants and Recipients

Rights:

Non-discrimination: Every applicant has the right to be treated in a fair, respectful, and impartial manner, without regard to race, color, religion, sex, national origin, age, disability, military status, sexual orientation, gender identity, pregnancy, and other protected characteristics.

Confidentiality: Applicants and recipients are entitled to confidentiality in the investigation of eligibility and in the maintenance of case records, except as required by law.

Review of Records: Applicants and recipients have the right to review their records and present additional information that may have a bearing on their application.

Timeliness: Applicants/recipients have the right to prompt and timely support, and all applications shall be adjudicated within 30 days after the presentation of all required documentation.

Responsibilities:

Cooperation: Applicants/recipients are required to cooperate with the Veterans Assistance Commission (VACWC) in determining eligibility. Failure or refusal to cooperate may result in the denial or termination of assistance.

Timeliness: Applicants/recipients need to provide supporting documents in a timely manner. An incomplete application will be deemed inactive if the required information is not provided within 30 days of the application for assistance.

Availability to Work: Applicants/recipients must be available and willing to accept employment and work the required shift, unless exempt due to medical, age, or caregiving reasons.

Notification: Applicants/recipients must be notified promptly of any decision regarding their application.

This document/authorization is valid for a period of one year from the date of issuance.

Signature of Applicant

Date

Signature of Spouse

Date