



## VETERANS SERVICE COMMISSION

2595 ARLINGTON AVE. (2ND FLOOR)

TOLEDO, OHIO 43614

PH (419) 213-6090 FAX (419) 213-6099

**PLEASE CALL FOR AN APPOINTMENT**

Welcome!

The Commissioners of the Lucas County Veterans Commission wish to assist you in your time of need. We are attempting to make the process as easy and painless as possible.

We understand that there are times when situations occur and help is needed. However, it must be understood that this assistance is for **EMERGENCIES ONLY**.

**WE CAN NOT, AND WILL NOT BE AN ALTERNATE SOURCE OF INCOME.**

If, during your application process, you feel that you were not assisted in a positive and professional manner, please fill out a comment card. We cannot make corrections or improvements if we do not know that problems exist.

If you feel that you were assisted in a manner that deserves a compliment, you can note that on a comment card also.

Respectfully,

Commissioners  
Executive Director  
Staff

# VETERANS SERVICE COMMISSION

2595 ARLINGTON AVE. (2ND FLOOR)  
TOLEDO, OHIO 43614  
PH (419) 213-6090 FAX (419) 213-6099

## INSTRUCTIONS

Welcome to the Lucas County Veterans Service Commission

You are here to file for financial assistance, utility assistance, or food.  
We will do our best to assist you.

Please understand that we must follow the Ohio Revised Code (O.R.C.) when issuing assisting. The O.R. C. also requires that you meet certain requirements to be eligible to receive assistance.

This packet contains the application and instructions explaining what you will need to provide to the Lucas County Veterans Service Office when you apply for assistance from us.

When you have completed the application and have all the required supporting document, please call our office at 419-213-6090 to make an appointment.

If you have any questions about filling out any part of the application, leave the area blank and one of us will help you.

We are here to assist those in need. This assistance is for  
**EMERGENCIES ONLY.**

**If you do not provide the proper documentation, we will not be able to assist you.**

Finally, please be advised that if you attempt fraud, or misrepresent or falsify the facts involved in your request for assistance,  
**YOU WILL BE SANCTIONED** and may face possible legal action.

# VETERANS SERVICE COMMISSION

2595 ARLINGTON AVE. (2ND FLOOR)  
TOLEDO, OHIO 43614  
PH (419) 213-6090 FAX (419) 213-6099

## ASSISTANCE GUIDELINES

Effective June 26, 2017 – Rev 4.

Assistance will be given only to those veterans (“Veteran” as defined by Ohio Revised Code) who have a documented emergency, as determined by the Veterans Service Commission, and who are otherwise eligible under the Ohio Revised Code, Section 5901(B).

If all the requirements are met for emergency assistance, you would be eligible for no more than (6) assists in 5 years.

No assistance will be provided unless all requested documentation is supplied. No assistance beyond the guidelines will be available without documented Extenuating Circumstances and the approval of the Commission’s Director’s and or the Board of Commissioners.

The Lucas County VSC takes each emergency request very seriously and we strive to complete your request in the fastest most efficient process. **Because of this, it is our policy that All Emergency financial assistance appointments that need to be rescheduled by the veteran MUST be rescheduled prior to 24 hours in advance. Anyone failing to do so is subject to a 30 Day wait period.**

To be eligible for assistance (including food vouchers) Maximum Gross Household Income must be equal to or less than 250% of the Federal Poverty Guidelines for the current year:

No cash assistance will be given. All Financial Assistance will be made by Auditor’s Voucher directly to the Landlord, Lending Institution, or Vendor.

Emergency Assistance can be provided a maximum of (3) times in any rolling 12 month period. Once (3) assists have been provided there will be a 12 month waiting period prior to any further assistance.

Lost Food Vouchers will not be replaced. A valid, Photo ID must be presented before any assistance is given. Failure to follow the directions of the Board of the Lucas County Veterans Service Commission or its representatives, failure to provide proper documentation, refusal to sign forms requested, or failure to participate in any counseling plan that has been agreed to will result in the denial of any future assistance. By signing below, the applicant acknowledges understanding of these Guidelines and further acknowledges that any form of fraud or misrepresentation that might be uncovered during the course of the investigation of the application for Financial Assistance or any misuse of funds or food provided by the Veterans Service Commission will result in denial of all future requests for assistance until such time as those sums that were fraudulently obtained are repaid to the Lucas County General Fund.

---

Applicant’s Signature

---

Date Signed

---

through  
Applicants Anniversary Date

# **VETERANS' RIGHTS**

(from the Governor's Office of Veterans' Affairs)

When visiting the Lucas County Veterans Service Office (CVSO), you, the Veteran, should expect the CVSO officer or financial assistance investigator to provide the very best possible service when you file your claim with the Department of Veterans Affairs (VA) or seek financial assistance. As the representative of the Lucas County Veterans Service Commission (VSC), the CVSO or investigator also have expectations of you. These include your being 100% honest and truthful when filling out the claims or financial assistance forms.

There is also the taxpayer's expectation that you will be actively seeking employment through the Ohio Department of Job and Family Services (ODJFS).

If you are unable to work, you will have to provide a current medical statement signed by your Doctor that describes your disability and how it affects your ability to work. There is also the Expectation that you will follow the recommendations of the CVSC and its CVSO or investigator in Matters involving your request for financial assistance or any claim with the VA.

**LUCAS COUNTY  
VETERANS SERVICE COMMISSION**

**MISSION STATEMENT**

In appreciation for the sacrifices they have made to  
Protect and preserve the American Way of Life,  
The Lucas County Veterans Service Commission pledges  
To provide emergency financial and supportive assistance  
And Veterans Administration benefit advocacy to the  
Veterans of Lucas County who have honorably served or  
who are serving in the Military Forces of the  
United States, to their spouses,  
And to their dependent children.



## VETERANS SERVICE COMMISSION

2595 ARLINGTON AVE. (2ND FLOOR)  
TOLEDO, OHIO 43614  
PH (419) 213-6090 FAX (419) 213-6099

**YOU ARE REQUIRED TO PROVIDE THE FOLLOWING DOCUMENTS TO THIS OFFICE WHEN APPLYING FOR ASSISTANCE.**

### **ALL APPLICANTS MUST SUPPLY:**

- \_\_\_\_\_ 1) A copy of your or your spouse's discharge or DD-214. (If your service is post-Vietnam, we will need your DD-214 page 4.)
- \_\_\_\_\_ 2) A current photo ID (Veteran, spouse, any other applicant).
- \_\_\_\_\_ 3) A social security card.
- \_\_\_\_\_ 4) Proof of residency in Lucas County for the past 90 days.

### **IF YOU ARE MARRIED, A SURVIVING DEPENDENT, OR CLAIMING DEPENDENTS, YOU MUST ALSO SUPPLY:**

- \_\_\_\_\_ 1) A copy of the marriage certificate (**NOT THE LICENSE**).
- \_\_\_\_\_ 2) A copy of dependent birth certificates, custody papers, and/or adoption, foster care, or guardianship documentation.
- \_\_\_\_\_ 3) If you are the surviving spouse or other dependent, the Veteran's death certificate.

### **YOU MUST REPORT YOUR HOUSEHOLD INCOME, AS REQUIRED BY THE OHIO REVISED CODE PART 5901.**

**THIS MEANS VERIFICATION OF INCOME FOR EVERY PERSON LIVING IN THE HOME.**

### **PLEASE BE PREPARED TO PROVIDE THE FOLLOWING:**

- \_\_\_\_\_ 1) Social Security Verification.
- \_\_\_\_\_ 2) VA Pension/Compensation Verification.
- \_\_\_\_\_ 3) Child support verification (12-month history).
- \_\_\_\_\_ 4) Retirement/pension verification.

- \_\_\_\_\_ 6) One month's worth of check stubs for all household members.
- \_\_\_\_\_ 7) A statement from your employer, on the employer's letterhead, if you have not yet received a paycheck
- \_\_\_\_\_ 8) Department of Workers Compensation award letter.
- \_\_\_\_\_ 9) A signed doctor's statement, showing that you cannot work due to illness or injury (with appropriate dates) on the doctor's letterhead.
- \_\_\_\_\_ 10) If you are a student (full or part-time) verification of your enrollment status and your education benefits (or lack of benefits) from the registrar's office.
- \_\_\_\_\_ 11) Signed copies of your federal tax forms for the past year.
- \_\_\_\_\_ 12) Signed copies of your state tax forms for the past year.
- \_\_\_\_\_ 13) Copies of **ALL** statements received from banks and any other financial institutions during the past month
- \_\_\_\_\_ 14) A completed budget form, showing all income and expenses for your household.

**IF YOU ARE REQUESTING ASSISTANCE WITH MORTGAGE OR RENT, YOU MUST SUPPLY THE FOLLOWING TO THIS OFFICE:**

- \_\_\_\_\_ 1) For mortgage assistance:
  - a) A copy of the repayment plan you have worked out with a HUD counselor.
  - b) Your mortgage paperwork, including the letter of intent to foreclose from your mortgage company.
  - c) The name, address, and phone number of your mortgage company.
- \_\_\_\_\_ 2) For rent assistance:
  - a). A copy of your rental agreement.
  - b) A copy of your eviction notice.
  - c) The name, address, and phone number of your landlord.
  - d) If your landlord is not the property owner, we will also need the homeowner's name, address, and phone number, in order to verify that the homeowner receives the rent.
  - e) If your landlord is not listed as the homeowner in the Lucas County Auditor's Real Estate Information System, you will also need verification of home ownership (property deed).
  - f) Income verification for **ALL** adults living in the household.

**IF YOU ARE REQUESTING UTILITY ASSISTANCE:**

- \_\_\_\_\_ 1. For Toledo Edison, a disconnect notice in the Veteran's or spouse's name.
- \_\_\_\_\_ 2. For Columbia Gas, a disconnect notice in the Veteran's or spouse's name.
- \_\_\_\_\_ 3. For the Department of Water, a disconnect notice in the Veteran's or spouse's name
- \_\_\_\_\_ 4. For telephone service, both your bill (in the Veteran's or spouse's name) and a letter from your doctor on the doctor's letterhead or prescription form which states that the telephone is a medical necessity for you or your household.
- \_\_\_\_\_ 5. For propane, a bill in the Veteran's or spouse's name.
- \_\_\_\_\_ 6. For other types of utility assistance, you must ask your investigator what paperwork is required.

**IF YOU ARE REQUESTING ASSISTANCE WITH CAR REPAIRS OR PAYMENT:**

- \_\_\_\_\_ 1. Car title and registration, showing that you own the vehicle.
- \_\_\_\_\_ 2. An estimate from a car dealer or mechanic.
- \_\_\_\_\_ 3. Current Proof of insurance.

**DEPENDING ON THE SPECIFIC NATURE OF YOUR REQUEST FOR ASSISTANCE, YOUR INVESTIGATOR MAY ASK YOU TO PROVIDE ADDITIONAL DOCUMENTATION**





**COUNTY VETERANS SERVICE COMMISSION  
FINANCIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET**

This application must be completed by answering all questions.

(Note: Disclosure of Social Security account numbers is voluntary, but failure to provide such information may affect your application for financial assistance.  
Social Security numbers are used as secondary identifiers to determine an applicant's eligibility for assistance).

<u>EMPLOYMENT</u>	VETERAN	SPOUSE	OTHER
14. Name:	_____	_____	_____
Address:	_____	_____	_____
Dates:	_____	_____	_____
Rate of Pay:	_____	_____	_____

- 15. ARE YOU SEEKING EMPLOYMENT? YES/ NO
- 16. HAVE YOU FILED FOR UNEMPLOYMENT BENEFITS? YES/NO
- 17. HAVE YOU FILED FOR DISABILITY BENEFITS? YES/NO
- 18. IF NOT SEEKING EMPLOYMENT, EXPLAIN WHY: \_\_\_\_\_

<u>ASSETS:</u>	
<u>TYPE</u>	<u>VALUE</u>
Checking	_____
Savings	_____
Home	_____
Other Property	_____
Vehicles	_____
Savings/CD	_____
IRA/401 K	_____

I understand that false statements made on this application may lead to prosecution.

I have completed and /or reviewed all information pertaining to my application for financial assistance

And I certify that it is correct to the best of my knowledge.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Signature