



SAN JUAN COUNTY VETERANS' ASSISTANCE APPLICATION

Revised December 5, 2016

Date: _____

APPLICANT INFORMATION *(Contact # 370-7470, messages are checked daily.)*

Last _____ First, Middle Initial _____ Home Phone _____

Mailing Address _____ City/State/Zip _____

Email Address _____ Cell Phone _____

Social Security # _____ - - _____ Birth Date ____ / ____ / ____ Male Female

Marital Status (Check One) Single Married Divorced Widowed

Number of Dependent(s) living with you: ____ If you are a dependent, orphan or widow/widower, name the Veteran through which you are applying for assistance and their relationship to you: **(Attach proper identification for yourself and your dependents)**

Years of residency in Washington State: _____ Period of residency in San Juan County: _____

MILITARY QUALIFICATIONS *(Attach copy of DD-214 or Certificate of Discharge)*

Enlistment Date: _____ Branch: _____

Discharge Date: _____ Type of Discharge: _____

INCOME INFORMATION/QUALIFICATION

Please list all sources of income and provide documentation (pay stubs, tax return, unemployment check stubs, social security payments, DSHS assistance check stubs, etc.) Please include all household income.

Major monthly expenses. Attach list if needed _____

Are you looking for work? Please provide evidence. _____

Have you applied for assistance from the Department of Social and Health Services, State of Washington, US Veterans Administration, Social Security, or any other agency? Yes No If yes, please provide details:

REASON ASSISTANCE IS BEING REQUESTED *(PLEASE INCLUDE ANY BACKGROUND INFORMATION AVAILABLE)*

ASSISTANCE REQUESTED

What is the amount you are requesting, and for what purpose(s) (food, transportation costs, car repair, clothing, rent, or other - please specify). Include names and addresses of persons or businesses to which checks should be made out to, and attach documentation.

Amount Requested	Purpose	Name and Address of Vendor

Please note: the VAB will not approve financial assistance for any of the following: alcohol, tobacco, recreational drugs, lottery tickets, and non-essential grocery store items.

ATTEST

I hereby swear that I am an indigent veteran, or veteran's dependent, and am applying for assistance from the taxpayers of San Juan County, based on the representations set forth above, which I swear to be true under penalty of perjury.

Applicant's Signature

Date

Note: Send completed form with supporting documents to your local VAB representative; or mail to County Council, 350 Court St. #1, Friday Harbor; WA 98250, or email to veterans@sanjuanco.com

DO NOT WRITE BELOW THIS LINE – THIS AREA IS FOR REVIEWER ONLY

Date Request Received: _____ Intake Representative: _____

Interview/Review conducted by: _____ Date: _____

SENIOR CENTER VAB MEMBER AMERICAN LEGION OTHER

Date Review Completed: _____ Recommendation: _____

APPROVED:

Veterans' Advisory Board Chair

Date