

Cuyahoga County Veterans Service Commission

Ph: 216.698.2600 • Fax: 216.698.2650 Email: vscmail@cuyahogacounty.us 1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115



FINANCIAL ASSISTANCE CHECKLIST

Basic Information for ALL Claims

- DD-214 (all if multiple discharges)
- Deroof of 90-day residency in Cuyahoga County (utility bills, shelter letter, etc.)
- □ State ID or Driver's License
- □ Social Security Card
- □ Household Verification Form (reverse side of this form) and lease
- Documents verifying name change

Income and Asset Information (last 60 days)

- □ Payroll check stubs or wage reports
- □ Unemployment compensation documentation
- □ VA Pension or Compensation documentation
- Social Security Income/Disability documentation
- □ Retirement payments received (PERS/FERS, union or company pensions)
- □ If self-employed, monthly profit and loss statements or quarterly estimated payments for taxes
- □ Verification of all other types of income (rental income, child support, public assistance, worker's compensation, etc.)

Expense and Liability Information (last 60 Days)

- Checking, savings, debit, Direct Pay Debit and credit union account activity
- □ Estimates/receipts for unexpected expenses
- □ Medical, vision, and dental bills
- □ Current mortgage statement or lease
- □ All current utility bills
- □ Verification of all other expenses (auto payment, auto/home/health/life insurance, auto/home repairs, credit card statements, etc.)

Dependents

- □ Social Security Card(s)
- □ Marriage certificate / Divorce Decree / Separation Statement (if Applicable)
- □ Birth and death certificates (if applicable)
- □ Custody / Adoption paperwork (if applicable)

Other

Must bring ALL APPLICABLE documents to complete a financial assistance application

- □ Current letter from medical physician if unable to work
- □ Police and fire reports (if applicable)

A Note on Fraud: Submission of any false information during the application process may lead to criminal prosecution, as well as automatic rejection of the application for aid. Every applicant seeking financial assistance from the Veterans Service Commission will be required to sign a statement indicating that all information submitted on the application is truthful and accurate. Clients who submit fraudulent case information may be prohibited for all future Veteran Service Commission assistance.

FINANCIAL ASSISTANCE QUESTION? CALL 216-698-2600

The Cuyahoga County Veterans Service Commission provides a wide variety of other services to area veterans and their dependents. Please contact us at 216-698-2600 to receive an informational brochure. As a veteran, you have served your nation, state and county. In your time of need, please call upon your fellow veterans at the Cuyahoga County Veterans Service Commission if we can be of assistance.

Our hours of operation are Monday-Friday from 8:00 a.m. - 4:00 p.m.



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Must be completed by the landlord or owner

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Household Verification Form

Tenant's Name		
Address		
City	Zip Code	Phone Number
Rent/Mortgage (monthly): Entire Household: \$	Tenant: \$	Due Date:
	r moved in): → Yes → No How much: \$	
Who does the tenant pay ren	nt to?(Name of Busin	noos or Landlard/Propriotor)
Last date that rent was paid	(Name of Bush	less of Landiord/Proprietor)
Total RENT due: \$	Late Fees due: \$	TOTAL DUE: \$
Are any utilities included in	rent?	Gas Electric Water/ Sewer
Does tenant pay landlord fo	r any utilities in addition to rent? \Box Ye	es or 🗆 No
How much owed (current m	ionth)?	
Gas \$	Electric \$	Water/Sewer \$
List all people who now res	ide at this address:	
First and last name	Relationship to applicant	Date moved in
Person filling out this form:	□ Landlord □ Property Owner	
	Signature:	
	~	
	Address:	