



Linn County Veterans Affairs Emergency Assistance Check List

Applicants must meet the following requirements:

- Verification of Linn County residency for at least 30 days
- Valid Photo Identification
- DD214 or Military Discharge
 - 90 days federal active duty after completion of boot camp, school, or military training
 - Character of service must be Honorable, Under Honorable Conditions, or General
- Marriage certificate, birth certificates for children & social security numbers for all family members
- Income Guidelines: Must be below 60% VA Compensation Rate set by Department of Veterans Affairs
 - As of 12/01/2020: Individual - \$1,146.39 Family of 2 or More - \$1,380.39
- Must have an emergent need that can not be met by other means and is not due to their own financial misconduct. Applicant must provide proof of unexpected expense that caused financial hardship.

Forms included in this packet must be completed prior to appointment:

- Income & Financial Statement - Attach income verification for **all** household members for the last 30 days
 - Most recent (30 day) bank statement
 - Verification of income / Past 4 weeks paystubs (if not listed on bank account as direct deposit)
- Consent to Release or Exchange Information
- Applicants in need of **Rent Assistance:**
 - Please have your landlord fill out Veteran Rental Assistance Application
 - Please Provide a copy of your lease - Rent payments **cannot** be made to a relative
 - Rent will only be paid on a current month amount - **Lease must be in veteran/spouse name**
- Applicants in need of **Utility Assistance:**
 - Please bring in the entire bill for the month you are applying
 - Rent & Utilities will only be paid on a current month amount - **Bill must be in veteran/spouse name**
 - Veterans Affairs will not pay deposits or shut off notices
- Applicants in need of **Mortgage Interest Payment:**
 - Bring Monthly Payment Statement and Veteran Request for Mortgage Interest Payment
 - Please contact your mortgage company to ensure they will accept payment from Linn County
- Unable to work:
 - Provide documentation from your medical provider. This report must be signed by your medical provider and will need to indicate recovery period for an immediate medical issue preventing you from working.
- Applying or have applied for Social Security:
 - Provide verification that you applied from the social security office
Social Security Office: 3165 Williams Blvd SW Cedar Rapids, IA 52404 Phone: 1-866-495-0088
- HACAP LIHEAP and Linn County VA Release of Information (if applicable)
- Linn County VA & IA Department of Human Services (IDHS) Release of Information (if applicable)
 - Must Apply for Food Stamps
 - For applicants with children in the household, you must apply for Family Investment Program (FIP)
- IA WORKS Employment Information (if applicable)
 - Must attach workforce employment history printout

Applications will be considered for county assistance as well as referrals to other agencies.

Please note: Completing application does not guarantee assistance. **Revised: 6.16.21**



INCOME & FINANCIAL STATEMENT

Name of Veteran: _____ Social Security # _____

Address: _____ Phone # _____

Veteran employed: Yes or No if yes, by: _____ Start Date: _____

If No, Last employment for Veteran: _____ Start Date: _____ End Date: _____

Spouse employed: Yes or No if yes, by: _____ Start Date: _____

If No, Last employment for Spouse: _____ Start Date: _____ End Date: _____

Please List all members in your household

Name	Date of Birth	SSN	Relationship

Is the Veteran receiving Section 8 Housing? - Yes or No

Is the Veteran enrolled VA Hospital for medical care? - Yes or No

Income (Last 30 Days)	Proof of Household Income / Expenses Required (Last 30 Days)		
	VETERAN	SPOUSE	CHILDREN
Wages / Salary			
VA Compensation / VA Pension			
Social Security / SSI / SSDI			
Unemployment			
Food Assistance / FIP			
Child Support /Spousal Support			
Retirement / Pension			
Workman's Comp			
Tax Refund / Lump Sum Payment			
Pay Day Loans / School Stipend / GI Bill			
Other Income			
Total Income			
Expenses (Last 30 Days)	-----	-----	-----
Rent / Mortgage			
Food			
Utilities (Electric, Gas, Water)			
Internet, Cable, Phone			
Medical Bills - PAYMENTS MADE			
Insurance (Car, Renters, etc.)			
Daycare / Child Support/Spousal Support			
Debt / Garnishments / Pay Day Loans			
Car Loan / Other Payments			
Credit Cards - PAYMENTS MADE			
Total Expenses			
Net Income			

Fraudulent claims will result in the loss of assistance for a length of time to be determined by the VA Director and Commissioners.

I _____ state that I have read this application and the information provided is true and complete. I understand that providing false information may result in legal action against myself and the denial of assistance.

Veterans signature: _____ Date: _____ **Revised 4.2.2021**



CONSENT TO RELEASE OR EXCHANGE INFORMATION Relief Assistance

I (we) _____ authorize communication or release of
PRINT NAME
confidential information by Linn County, or its duly appointed representatives, to any of the named individuals, institutions, businesses and/or agencies necessary for determining eligibility for assistance, for billing or reimbursement purposes.

I (we) understand that I (we) have the right to inspect the disclosed information at any time. I (we) understand that this consent will remain in force until termination of assistance from Linn County Commission of Veterans Affairs.

I (we) consent to and authorize:

Any local, state federal government agency, private businesses, firm or agency, bank, trust company, postal savings department, insurance company, other financial institution, or other applicable agencies to share information.

Investments, holdings, life insurance policies, checking/savings accounts, bonds, retirement benefits, annuities, and any other assets/resources that can be converted into cash. This includes applicant and all eligible household members.

Upon written request, I (we) understand that I (we) may revoke the CONSENT TO RELEASE AND EXCHANGE INFORMATION at any time. I (we) do hereby and forever release and discharge all of the individuals, institutions, businesses, agencies, and LINN COUNTY IOWA, its agents and employees, from any liability for releasing information whether such information is deemed confidential or not. A photocopy of this form shall be considered as the original.

Signature of Understanding (Applies to all parties in household)

Date