

**WAUPACA COUNTY VETERANS SERVICE COMMISSION  
EMERGENCY GRANT APPLICATION**

**\*\* FOR OFFICE USE ONLY \*\***

GRANT No: \_\_\_\_\_ Amount Approved: \_\_\_\_\_  
 Approved by / date: \_\_\_\_\_ Type of Grant: \_\_\_\_\_

**VETERAN / APPLICANT INFO:**

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Weeks / Months at current address: \_\_\_\_\_

**IF APPLICANT IS NOT VETERAN, COMPLETE THE FOLLOWING:**

Veteran's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Name Served Under: \_\_\_\_\_ DOB: \_\_\_\_\_

**ASSISTANCE REQUESTED / EXPLANATION OF EMERGENCY:**

Please Explain: your emergency, the type of assistance needed, and how this grant / assistance will help.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand I am eligible for a maximum of 3 hardship grants per calendar year for a total possible amount of up to \$900. If I elect to combine my grants in any amount over \$300, I agree to waive any remaining hardship grant amount I am eligible for in the calendar year.

I am requesting a hardship grant in the amount of: \_\_\_\_\_ Initials \_\_\_\_\_

**As a stipulation of this grant, I acknowledge and agree to:**

1. Seek additional assistance through the resources referred to me by the Waupaca County Veterans Service Office
2. Participate in financial counseling with Financial Information & Service Center, Inc. (FISC) with a financial counselor of that company at no cost to me by calling 800-366-8161 M-F 8a-3p.

Initials \_\_\_\_\_

**OTHERS LIVING WITH THE APPLICANT:**

Name	Relationship to Applicant	Age

**MONTHLY INCOME (ALL HOUSEHOLD MEMBERS)**

TYPE	APPLICANT	OTHERS IN HOUSE
Wages / Salary	\$	\$
Pension	\$	\$
VA Pension or Compensation (circle one)	\$	\$
Social Security	\$	\$
Workers Comp/Unemployment Comp & Exp. Date	\$	\$
Food Stamps	\$	\$
Other Income / Financial Assistance	\$	\$
<b>Total:</b>	<b>\$</b>	

**MONTHLY EXPENSES**

Rent/Mortgage Payment (include taxes & insurance)	\$	Garbage Pick-up	\$
Food	\$	Transportation - gas / maintenance	\$
Utilities (heat & electric)	\$	Vehicle Insurance	\$
Telephone	\$	Vehicle Loan	\$
Water & Sewer	\$	Debt / Loan Payment	\$
Insurance Premiums (health & life)	\$	Child Support / Alimony / Maintenance	\$
Cable / Internet	\$	Other (explain)	\$
Medications (prescribed / non-prescribed)	\$	Other (explain)	\$
<b>Total:</b>	<b>\$</b>		

**ASSETS**

Cash & Checking	\$	Vehicle - Year/Make/Model	\$
Savings, CDs, Stocks & Bonds, etc.	\$	Vehicle - Year/Make/Model	\$
IRAs or Other Retirement Funds	\$	Other Assets	\$
Value of Property (other than residence)	\$	Other Assets	\$
<b>Total:</b>	<b>\$</b>		

Name and address of business or person voucher is to be made out to (i.e. grocery store, convenience store, gas station, landlord, utility company, etc):

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**\*\* INCLUDE COPY OF BILL FOR CONSIDERATION \*\***

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public

County, Wisconsin

My Commission Expires:

I certify that the above information is correct, complete, and true:

Applicant's Signature

**WAUPACA COUNTY VETERANS SERVICE COMMISSION**

**EMERGENCY GRANT - STAFF PROCESSING SHEET**

**\*\* FOR OFFICE USE ONLY \*\***

Applicant / Veteran Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Received by: \_\_\_\_\_

Date / Time Received: \_\_\_\_\_

Type of Relief Requested: \_\_\_\_\_

Does the applicant meet the qualification of veteran / dependant as outlined in the 09/23/2016 WCVSC policy?

YES  NO

If "No" explain why not: \_\_\_\_\_  
\_\_\_\_\_

What additional resources has the applicant pursued?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ENERGY ASSISTANCE | <input type="checkbox"/> DWD - EMPLOYMENT          | <input type="checkbox"/> TRANSPORTATION - ADRC |
| <input type="checkbox"/> BADGER CARE       | <input type="checkbox"/> SSVF - EVICTION / HOUSING | <input type="checkbox"/> OTHER                 |
| <input type="checkbox"/> FOOD SHARE        | <input type="checkbox"/> FOOD PANTRY               |  |

What referrals were made at the time of application?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ENERGY ASSISTANCE | <input type="checkbox"/> DWD - EMPLOYMENT          | <input type="checkbox"/> TRANSPORTATION - ADRC |
| <input type="checkbox"/> BADGER CARE       | <input type="checkbox"/> SSVF - EVICTION / HOUSING | <input type="checkbox"/> VETS HELPING VETS     |
| <input type="checkbox"/> FOOD SHARE        | <input type="checkbox"/> FOOD PANTRY               | <input type="checkbox"/> OTHER                 |

How did vet learn of the emergency grant program? \_\_\_\_\_

Additional Comments:

Previous Grant Applications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMISSION DETERMINATION / AUTHORIZATION**

- |                                   |                                 |       |              |
|-----------------------------------|---------------------------------|-------|--------------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | _____ | CVSO         |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | _____ | COMMISSIONER |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | _____ | COMMISSIONER |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | _____ | COMMISSIONER |