

# Jefferson County Veterans Affairs

Bring your **Completed** application and **ALL** the verification items listed below with you to make an appointment. Once you have provided all requested verifications, and attended an appointment, a decision on your request will be made within 10 (ten) business days.

## VERIFICATION NEEDED FOR ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18

1. **APPLICATION** – You must complete all blanks.
2. **IDENTIFICATION** – **Current Driver's License or photo ID for all adults.** Social Security card for all minors in household.
3. **PROOF OF ALL HOUSEHOLD INCOME FOR THE PREVIOUS 3 FULL MONTHS.**
  - a. Pay stubs or a signed statement from employer verifying gross and net wages including pay dates
  - b. Social security income documents
  - c. Proof of unemployment compensation benefits
  - d. Proof of child support payments
  - e. Self-employment financial records for the last 6 months
  - f. Personal income record if income is from baby-sitting, mowing, shoveling, handyman repair, mechanical repair, collecting scrap metal, odd jobs, etc.
  - g. **ANY** other source of income
4. **BANK STATEMENTS FOR ALL ACCOUNTS** – most recent checking statement, most recent savings statement or updated savings book, signed statement from the bank or financial institution for any and all other types of bank accounts **for all household members.**
5. **PRINTED VERIFICATION OF NOTICE OF DECISION FROM DEPARTMENT OF HUMAN SERVICES** for **entire household** showing benefits or denial of **food stamps** benefits or appointment letter if no decision has been made to date.
6. **VERIFICATION OF REGISTRATION WITH IOWA WORKS OR OTHER WORK SEARCH AGENCY-** for **EVERY** household member over the age of 18 who is not employed full-time (37.5 hours or more per week).
7. **VERIFICATION THAT YOU HAVE APPLIED FOR UNEMPLOYMENT BENEFITS.**
8. **A WRITTEN DOCTOR'S, P.A.'S OR A.R.N.P. STATEMENT** - that you are unable to do any type of work on a full time basis.
9. **WRITTEN VERIFICATION THAT YOU HAVE APPLIED FOR DISABILITY.** (if applicable)
10. **CURRENT BILLS YOU ARE REQUESTING ASSISTANCE WITH** – for rental assistance bring a copy of your lease agreement or a landlord verification form (**attached**). For utility assistance you must bring a copy of your current utility bill and the utility must be in the name of the applicant or a household member. If behind on utility bill, must provide proof that back bill will be paid in full before assistance is approved. **No deposits paid. No payments to disconnected utilities.**
11. **Proof of eligible Service: DD 214(s) or other documentation.**
12. Notification of decision will be made by mail to address on application.
13. If you do not agree with the decision you may appeal it. You have 10 days, from date of decision to appeal. A copy of the appeal procedures are available upon request.

### Phone Numbers you may need

Jefferson County Assistance Office: (641) 472-3013 FAX : (641) 209- 6673 Office Hours : 9 AM -3 PM Monday-Thursday

SIEDA : (641) 472-6140 Department of Human Services : (641) 472-5011 Iowa Workforce (641) 684-5401

Community Cornerstone: (641) 209-5040 QPS (641)209-3784 Temp Associates: (641) 472-2025

# *Jefferson County Veterans Affairs*

51 East Briggs Avenue, Courthouse

Fairfield, Iowa 52556

Phone: (641) 472-3013 Fax: (641) 209-6673

Reason for Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ CITY: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## List ALL People currently residing in household

NAME	Relationship (Spouse/Child/Friend)	Date of Birth (MM/DD/YYYY)	Working Y/N	Veteran Y/N
	Head of Household			

Continue at end of application if needed

## Household Employment Information

List all Household members over the age of 18

Name	Employed/Not Employed/Attending School/Medical unable to work/Caregiver/Other (please List)	Name of Employer/Employment Agency/School/Physician/Other

Continue at end of application if needed

## Household Income Information

During the Month prior to application did any household member receive :	Yes/No	Total \$ Amount
1. Wages/Salaries/Cash (enter gross amount per month before deductions)		\$
2. Welfare (AFDC/TANF/FIP/etc....)		\$
3. Disability (SSI/SSDI/VA/etc....)		\$
3.Compensation/Unemployment/Severance		\$
4. Child support/Alimony		\$
5. Retirement Benefits/Pensions/Death Benefits/Annuities/Dividends/Social Security		\$
6. Monetary gifts from others		\$
7. Other Source (please list)		\$
8. Other Source (please list)		\$

Explain all questions answered "Yes" below . Continue at end of application if needed.

Question#	Household Member	Source of Income	Contact information of Source	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

### List all assets available to household members

Source	Amount/Value	Location
Cash on Hand	\$	
Checking and/or Savings Account	\$	
CDs/Stocks/Bonds/Money Market Funds/	\$	
IRA/Keogh/401K/Trust Funds	\$	
Real Estate Property(s)	\$	
Vehicles (other than 1 per household member over 18 years of age)	\$	
Other (please list and explain) continue at end of application if needed)	\$	
	\$	

<b>I/We have no assets at this time.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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# Financial assistance requested

**Assistance is limited to current month totals, no past due amounts, deposits, or fees will be paid.**

Amount of Rental Assisted requested :
Name of Property Owner/Manager:
Address of Property Owner/Manager:
Contact information:

**NOTE: Check will paid to Property Owner /Manager ONLY, no subletting. Current Month ONLY, no past-due amounts will be paid, NO DEPOSIT will be paid, No payment will be made to a relative Father/Mother/Sibling/Grand Parents/Children**

Total Amount of Utility Assisted requested :	Monthly Payment Plan:
Electricity Amount: \$	Provider:
Natural/LP Gas Amount: \$	Provider :
Water Amount: \$	Provider:

**NOTE: Utility must be in Applicant/Co-Applicant's name. Exception will be made when Utility Company policy requires Utility to remain in Owner's name. Current Month ONLY , no past-due amounts will be paid. NO DEPOSIT will be paid. If Utility is disconnected/out of service no payment will be made.**

Other Assistance Requested:

## Applicant Certification

**I/We certify by signing below that the information provided is complete, true and correct and that each household member is represented including all income and asset information. It is understood that the information is being collected to determine eligibility. I/We acknowledge that I/We have read, understand, and agree to the provisions of this application. I/We authorize Jefferson County or it's appointed representative to verify all information provided on this application and to contact current sources for credit and certification information which may be released to appropriate Federal, State and/or local agencies. I/We understand that additional information may be required to determine eligibility. I/We understand that providing false statements or information is punishable under State and/or Federal law and will effect eligibility for assistance.**

Applicant(s) Signature	Date of Application	Applicant's Printed Name

Jefferson County Veterans Affairs

# LANDLORD STATEMENT

*Ray Chambers, Director*

*51 East Briggs Avenue (Courthouse) Fairfield, Iowa 52556*

*Phone: 641-472-3013 Fax: 641-209-6673*

I hereby authorize you to furnish to the Jefferson County General Assistance Office information concerning my application for assistance. I release you from liability for disclosing information even if it is confidential for the period of one(1) year from the date of this release.

\_\_\_\_\_  
Signature of Applicant

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

**NOTE TO THE LANDLORD: The remainder of this form needs to be completed by you , not the tenant.**

This is to confirm that \_\_\_\_\_

(Tenant's Name)

Began residing at \_\_\_\_\_

(House Number, Street Name, Apt #, City, State, Zipcode)

on \_\_\_\_\_ . There are \_\_\_\_\_ adults and \_\_\_\_\_ children residing at this address.

(date)

The monthly rent is \$ \_\_\_\_\_. I receive \$ \_\_\_\_\_ from the Section 8 Rental Assistance Program.

Comments: \_\_\_\_\_  
\_\_\_\_\_

I am willing to accept Assistance payment for rent as indicated above. As landlord, I certify by my signature that I am the property owner or designee, and not a relative of the tenant. I also verify that this rental property has its own kitchen, bathroom, dining, and bedroom facilities separate from mine and/or other tenants

When said tenant 's eligibility is determined, it is the tenant's responsibility to notify the landlord of the decision.

Name of Landlord: \_\_\_\_\_

Signature of landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Mail payment to: \_\_\_\_\_

Contact information: \_\_\_\_\_