

OREGON VETERANS' EMERGENCY FINANCIAL ASSISTANCE PROGRAM APPLICATION

Important Submission Instructions
<p>Applications are due by the 10th of every month. Whenever possible, please submit through a Veteran Service Office or Veteran Advocate to have them complete the Veteran Advocacy Statement (Section II of Application), and to identify other benefits and assistance programs you may be eligible for.</p> <ul style="list-style-type: none"> ▪ Veteran Advocate Examples: HUD-VASH Social Worker, VA Social Worker, Veteran Coordinator at a Community Action Agency or non-profit, Case Worker, Tribal Veteran Representative (TVR) etc. <p>Materials included in the checklist below can be submitted to ODVA through a county or tribal Veteran Services Office, or through a Veteran Advocate, or you may mail them directly to the <i>Oregon Department of Veterans' Affairs, Statewide Veteran Services/OVEFAP, 700 Summer Street NE, Salem, OR 97301</i> or email to ORVets.BENEFITS@odva.oregon.gov please title the email subject line: OVEFAP APPLICATION</p>
Application Instructions
<p>The information you furnish on this form is used to determine your eligibility for the Oregon Veterans' Emergency Financial Assistance Program in accordance with ORS 408.500. Incomplete applications will be returned for completion. Please use the checklist below to ensure your application is complete.</p> <p>BASIC ELIGIBILITY: Veterans (defined in ORS 408.225) discharged under honorable conditions, and their un-remarried surviving spouse, dependent child, or step-child who are Oregon residents, and demonstrate an immediate financial need.</p> <p>ONE GRANT PER LIFETIME: You can only receive this grant once. For other eligibility requirements, please see Oregon Administrative Rule – Chapter 274, Division 12.</p> <p>APPLICANT'S COVER LETTER Must include: A brief statement indicating how the desired financial assistance will benefit you. The cover letter should also indicate if you have connected with other supportive services to assist with your immediate financial need.</p> <ul style="list-style-type: none"> ▪ Community Supportive Services Examples: Financial assistance programs through: National Service Organizations, Non-profits, Community Action Agencies, County Community Service Programs etc. <p>GRANT PAYMENTS ARE NOT MADE TO APPLICANTS: Payments will only be sent to creditors. If request is awarded, ODVA will work with the Veteran Service Officer, Veteran Advocate or applicant to acquire the creditor's Taxpayer Identification or other information needed to make payment on behalf of applicant.</p> <p>No payments will be made to credit cards, military charge cards, retail store cards, taxes (property/other), citations/fines. All creditors will receive a State of Oregon check – no exceptions.</p> <p>Veterans and family members are encouraged to visit the ODVA resource page, or if you need other direct assistance, please contact an ODVA Resource Navigator by calling (503) 373-2085 or toll-free at 1-800-692-9666.</p>
Checklist
<input type="checkbox"/> Completed Application – signed and dated. Please type or clearly print all entries on the application. If more space is needed attach a separate sheet(s).
<input type="checkbox"/> Cover Letter (see above).
<input type="checkbox"/> Copy of evidence of separation from military service, showing length and character of service. <ul style="list-style-type: none"> ▪ Examples: DD Form 214, VA Medical Center ID Card, Military Retiree Identification, Veteran Identification Data, USDVA letter verifying service.
<input type="checkbox"/> Proof of current Oregon residence, such as Driver License/State ID, or mail showing physical address.
<input type="checkbox"/> Necessary documentation or statement(s) indicating emergency financial need. <ul style="list-style-type: none"> ▪ Examples: eviction or foreclosure notice, utility shut-off notice, past due rent notification (including rental agreement and terms), billing statements, repair estimates, cost estimates, a doctor's/dentist's written statement indicating emergency and quote on cost.
<input type="checkbox"/> Name, address, and phone number of the creditor(s) to whom payment will be made. The Veteran Service Office/ Veteran Advocate/ODVA will contact creditor if funds are awarded. <ul style="list-style-type: none"> ▪ Examples: landlord, mortgage company, doctor/dentist, repair company, utility company.
<input type="checkbox"/> Proof of change in name if a veteran's name has been legally changed since discharge: a copy of the court order, marriage certificate, or divorce decree is required.
<input type="checkbox"/> An un-remarried surviving spouse of a deceased veteran must also provide copies of the marriage certificate and the death certificate.

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Form Instructions: Type or clearly print all entries. If more space is needed, attach a separate sheet(s).					
Section I: Personal Data and Request					
Name of Applicant (Last, First, MI)			Social Security or VA Claim Number		
Street Address			City	County	
			State	Zip Code	
Home Phone Number	Cell Phone Number	Email Address		Date of Birth	
VA Disability Rating %	Marital Status	Name of Veteran (If different)		Age(s) of Dependents	
%					
Demographics					
Please select the Race and/or ethnicity(ies) that you identify with. You can choose more than one.			Please select the Gender that you identify with.		
<input type="checkbox"/> American Indian / Alaska native			<input type="checkbox"/> Male		
<input type="checkbox"/> Asian			<input type="checkbox"/> Female		
<input type="checkbox"/> Black / African American			<input type="checkbox"/> Transmale		
<input type="checkbox"/> Hispanic / Latinx			<input type="checkbox"/> Transfemale		
<input type="checkbox"/> Multiple			<input type="checkbox"/> Other		
<input type="checkbox"/> Native Hawaiian / Pacific Islander			<input type="checkbox"/> Choose Not to Answer		
<input type="checkbox"/> White					
<input type="checkbox"/> Choose not to answer					
Military Service					
Date From	Date To	Branch of Service		Character of Service	
Request					
Have you applied for this program before?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been granted funds from this program before?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			If yes, you are NOT eligible to apply again.		
Requested Grant Amount		\$	Explain requested amount below:		
If available, would you be willing to accept a partial award?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>I certify the information is true and correct to the best of my knowledge and belief. I understand that if I have intentionally submitted invalid, incomplete or fraudulent information in this application or use these funds for purposes other than those indicated above, ODVA may require immediate reimbursement.</p> <p>(Note: Information disclosed outside the Oregon Department of Veterans' Affairs (ODVA), including Social Security Numbers, will be made only as permitted by State and Federal law.)</p>					
Signature of Applicant			Date		
Section II: Veteran Service Office/Veteran Advocate Statement					
<input type="checkbox"/>	I have reviewed this application and it is complete. I have reviewed the explanation for this request and provided the applicant with additional community referrals as applicable.				
Signature of Veteran Service Officer/Veteran's Advocate			Title	Date	

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Section III: Household Income (All Sources)				Section IV: Monthly Living Expenses (do not list Section VI Liabilities here)			
Average Monthly Income		Veteran	Household	Average Monthly Expenses		Amount	
1. Net Take-Home Pay		\$	\$	Rent or Mortgage		\$	
2. Additional Income		Veteran	Household	Utilities (electric, water, sewer, gas, heat, etc.)		\$	
2a. VA Benefits		\$	\$	Food		\$	
2b. Social Security		\$	\$	Other Expenses such as insurances and property taxes:		\$	
2c. Other Income:		\$	\$	Other Expenses:		\$	
3. Monthly Net Income <small>(Block 1 plus Block 2a, 2b, 2c)</small>		\$	\$	Other Expenses:		\$	
4. Total Net Monthly Household Income <small>(Block 3 Veteran plus Block 3 Household)</small>		\$		Other Expenses:		\$	
5. TOTAL Monthly Expenses <small>(Block 5. From Section IV)</small>		\$		Other Expenses:		\$	
6. Total Monthly Payments on Liabilities <small>(Block 6 from Section VI: Liabilities)</small>		\$		Other Expenses:		\$	
7. Net Monthly Income Minus Expenses <small>(Block 4 minus Block 5, minus Block 6. What is remaining when monthly expenses are paid)</small>		\$		5. TOTAL Monthly Expenses <small>(Total of Section IV Monthly Living Expenses)</small>		\$	
Area for notes/additional expenses:							
Section V: Assets (What You Own)				Section VI: Liabilities (What You Owe) <small>List All Debts. Include Spousal Support, Child Support, Vehicles, RVs, Boats, Snow and Water Craft, ATVs, Trailers, Etc. (do not list Section IV Living Expenses here)</small>			
Cash in Bank (Checking and Savings and on hand)			\$	Names of Creditors and/or Payees	Monthly Payment	Balance	Past Due
Vehicles, RVs, Boats, Snow and Water Craft, ATVs, Trailers			(Current Value)				
Year	Make	Model		\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
US Savings Bonds, other Bonds, Stocks, Mutual Funds (current values)				\$	\$	\$	
IRAs, 401k, or other retirement accounts (current values)				\$	\$	\$	
Real Estate Owned (current value)			\$	\$	\$		
Other Assets:			\$	\$	\$		
Other Assets:			\$	\$	\$		
Other Assets:			\$	\$	\$		
TOTAL ASSETS			\$	6. TOTAL LIABILITIES	\$	\$	\$