

OREGON VETERANS' EMERGENCY FINANCIAL ASSISTANCE PROGRAM APPLICATION

Important Submission Instructions

Please submit all materials included in the checklist below to your local County Veteran Service Office, or you may mail them to the Oregon Department of Veterans' Affairs, Statewide Veteran Services/OVEFAP, 700 Summer Street NE, Salem, OR 97301, or fax the materials to ODVA at 503-373-2393.

Application Instructions

The information you furnish on this form is used to determine your eligibility for the Oregon Veterans' Emergency Financial Assistance Program as (ORS 408.500). Incomplete applications will not be considered. Please use the checklist below to ensure your application is complete.

BASIC ELIGIBILITY: Veterans discharged under honorable conditions (and their unremarried spouse, dependent child or step-child) who are Oregon residents and demonstrate an immediate financial need.

ONE GRANT PER LIFETIME: You can only receive this grant once. For other eligibility requirements, please see Oregon Administrative Rule – Chapter 274, Division 12.

YOU MUST HAVE A PLAN FOR FUTURE SUSTAINABILITY: How will you continue to pay your basic living expenses after your creditors are paid this time?

PAYMENTS ARE NOT MADE TO APPLICANTS: Payments will only be sent to creditors. Taxpayer identification or social security numbers and addresses are required. No payments will be made to credit cards. All creditors will receive a State of Oregon check – no exceptions.

Whenever possible, please submit through your County Veteran Service Office and have them complete the Veteran Advocacy Statement (Section II of Application).

Checklist

- 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).
- Statement of future sustainability plan (see above).
- Copy of evidence of separation from military service, showing length and character of service.
 - Examples: DD Form 214, VA Medical Center ID Card, Military Retiree Identification, Veteran Identification Data, USDVA letter verifying service.
- Proof of current Oregon residence, such as Driver License/State ID, or mail showing physical address.
- Most recent pay stub, showing payroll and deductions.
- Necessary documentation or statement(s) indicating emergency financial need.
 - Examples: eviction or foreclosure notice, utility shut-off notice, rental agreement and terms, billing statements, repair estimates, cost estimates, bank statements, accounting records
- Taxpayer identification number or social security number, name, address, and phone number of the creditor(s) to whom payment will be made.
 - Examples: landlord, mortgage company, doctor, repair company, utility company
- If a medical or dental condition is involved, include a doctor's written statement indicating emergency and quote on cost.
- Proof of change in name if a veteran's name has been legally changed since discharge: a certified copy of the court order, marriage certificate, or divorce decree is required.
- An unremarried 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 / 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 Spouse
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		Age(s) of Dependents
Military Service				
Date From		Date To		Service Number
Complete Record of Employment During the Past 2 Years				
	Type of Job	Date From	Date To	Name and Address of Employer
VETERAN				
SPOUSE				
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, complete the following information and include all pertinent documentation:				
Date Discharged from Bankruptcy (MM-DD-YYYY)		Location of Court		Docket Number (if known)
Request				
Have you applied for this program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:				
Have you been granted funds from this program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you are NOT eligible.				
Requested Grant Amount		Please explain requested amount below:		
\$				
<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. 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 Veteran		Date	Signature of Spouse	
Section II: Veteran's Advocate Statement				
I have reviewed/audited the evidence surrounding this application and believe that all statements and submissions by the applicant are true and correct. I recommend that a grant be awarded in the amount of \$				
Signature of Veteran's Advocate			Title of Veteran's Advocate	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	Spouse	Average Monthly Expenses	Amount
1. Monthly Gross Salary (before payroll deductions)	\$	\$	Rent or Mortgage	\$
Payroll Deductions			Utilities (electric, water, sewer, gas, heat, etc.)	\$
Federal, State, Local Income Taxes	\$	\$	Food	\$
Social Security Withholding	\$	\$	Other Expenses:	\$
Retirement	\$	\$	Other Expenses:	\$
Garnishments	\$	\$	Other Expenses:	\$
Other:	\$	\$	Other Expenses:	\$
2. TOTAL Deductions	\$	\$	Monthly Amount on Installment Payments and other Debts (from Section VI: Liabilities)	\$
3. Net Take-Home Pay (Block 1 minus Block 2)	\$	\$	7. TOTAL Monthly Expenses	\$
4a. VA Benefits	\$	\$		
4b. Social Security	\$	\$		
4c. Other Income:	\$	\$		
5. Monthly Net Income (Block 3 plus Block 4a, 4b, 4c)	\$	\$		
6. Total Monthly Household Income (Block 5 Veteran plus Spouse)	\$			
TOTAL Monthly Living Expenses (Block 7 from Section IV)	\$			
8. Net Monthly Income Minus Expenses (Block 6 minus Block 7)	\$			

Section V: Assets (What You Own)				Section VI: Liabilities (What You Owe) List All Debts. Include Spousal Support, Child Support, Etc. (do not list Section IV Living Expenses here)			
			\$	Names and Addresses of Creditors and/or Payees	Balance	Monthly Payment	Past Due
Cash in Bank (Checking and Savings and on hand)			\$		\$	\$	\$
Vehicles, RVs, Boats, Snow and Water Craft, ATVs, Trailers			(Resale 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 (resale value)			\$		\$	\$	\$
Other Assets:			\$		\$	\$	\$
Other Assets:			\$		\$	\$	\$
Other Assets:			\$		\$	\$	\$
TOTAL ASSETS			\$	TOTAL LIABILITIES	\$	\$	\$