## ROCK COUNTY VETERANS SERVICE 51 S. Main Street, Janesville, WI 53545

## APPLICATION FOR EMERGENCY ASSISTANCE

## (Veterans Service Commission or Veterans Donation Trust)

Personal Information							
Veteran's Name:							
Applicant's Name (if different from veteran):							
Address		City	Zip Code				
How long have you lived in	Rock County?						
Telephone:							
Date of Birth:							
Number of Dependents (und							
Other adults living with you	1:						
	Milit	ary Service					
		Date Discharged	Discharged Type of Discharge				
If "Other than Honorable," e	explanation:						
Income Information							
Source	Applicant	Spouse	Others				
Wages/Unemployment							
VA Comp / Pension							
Retirement							
Social Security							
Other Income							
Total Monthly Income							
Assets							
Checking		\$					
Savings			\$				
Certificate of Deposit (CD's)		\$					
IRA's/401K's		\$	·				
Auto		\$					
Auto		\$					
Other		\$	\$				
Totals		\$	\$				
	Household	Expenses/Debts					
Transportation		\$					
Utilities (Electric/Gas/Water/Phone)		\$					
Mortgage/Rent		\$					
Medical/Dental		\$					
Food		\$					
Loans/Credit Cards		\$	\$				
Other Miscellaneous		\$					
Totals		\$					
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TOTAL MONTHLY INCOME: \$\_\_\_\_TOTAL MONTHLY EXPENSES: \$\_\_\_\_

Employment List all employment for last two years (If unemployed, state in item #1 and list amount)

County Vetera	ns Service Officer			Date		
Signature of A	pplicant	Date Sign	ature of Spouse (if applicable)	Date		
I CERTIFY TI	HAT THIS INFORMA	ΓΙΟΝ IS TRUE ANI	O CORRECT TO THE BEST OF	MY KNOWLEDGE.		
Veteran Service employment, utax information Office will use responses whice	ce Office any financial is unemployment, city, coun, use Department of Vo this information in ver ch are submitted may be	nformation, including unty, or charitable orgeterans Affairs, with ifying my eligibility de disclosed as permitte	or person to disclose and release g, but not limited to bank accounganizations, insurance, annuities, the understanding that the Rock for emergency assistance that I have by law outside the Rock Course to effect the purposes for which	ts, social security, state and federal income County Veteran Service ave requested. The nty Veteran Service		
Amount Reque	ested: \$	Purpose:				
			rdship):			
Date:	Previous Veteran Service Commission Assistance RequestedAmount:\$Reason:					
ii no, why not						
If no why not	?			<del></del>		
(Foodshare, en	nergy assistance, W-2, e	tc.):				
Do you receive	e any form of Public As	ssistance:Yes _	No If yes, what agencies hav	e you applied with		
	l, are you able to work?		no, state reason you are unable to	) 		
Phone:	Position:	\$	Reason for Leaving	:		
3.			Begin Date:	End Date:		
Phone:	Position:	\$	Reason for Leaving	;:		
2.		<u>'</u>	Begin Date:	End Date:		
Phone:	Position:	\$	Reason for Leaving	:		
1.	T=	T &	Begin Date:	End Date:		

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