Veterans Emergency Assistance Application

Complete and bring this form with supporting documents to:

Leon County Veterans Services Division
918 Railroad Avenue
Tallahassee, FL 32310
Phone: 850-606-1940 Fax: 850-606-1941

The Veterans Emergency Assistance Program (VEAP) is funded by the Leon County Board of County Commissioners to provide financial assistance to Veterans including rental/mortgage, utilities, temporary shelter, and transportation for medical treatment, birth certificates, and special need circumstances. VEAP is designed to help Veterans who are in need of assistance during an emergency situation and have the ability to sustain payments for future expenditures. The Veteran and his/her household must be "in need" of the assistance payment. Specifically, the Veteran and his/her household is "in need" when the household's net income is less than the household's Basic Necessity Expenditures (as established below) for the most recent 30-day period. If the household's net income exceeds the household's Basic Necessity Expenditures, then the Veteran and his/her household is ineligible. Applicant must have good likelihood of future independence. The applicant must demonstrate that the situation will be improved by next

Applicant Information (Must be Legible): Application Date:

Name: _____Date of Birth: _____Email:_____

Mailing Address: _____City/State/Zip: _____

Home Phone: _____Work Phone: _____Cell Phone: _____

Household Demographics: Single_____Married_____Divorced_____Widow_____

Number of **Dependents:** Adults____ Children & Age(s)_____Special Needs _____
Note: DO NOT count yourself

Employer: _____Phone:_____

Address: _____

Salary: $_____

If not employed, please state why:

Have you applied for Unemployment? If so when?

Required -Total Household Income: $_____, to include everyone living in household.

Copy of VA Rating letter showing conditions and percentages of disability for each condition.

Do you have a claim pending with the VA? Yes____No____

Explain: _____

Have you had a claim denied in the past? Yes____No____

Explain: _____

Have you received Leon County Veterans Emergency Assistance previously? Yes ___ No ___
If yes what month(s) and year(s)

Have you received emergency assistance from any other program in the last 12 months? FVF ___ Community Action Agency ___
Catholic Charities ___ Salvation Army ___ DEAP ___ Other ___ Describe:

_____

Service / Support Requested

Florida Veterans Foundation

$_____Housing
$_____Utilities
$_____Other
$_____Total Requested

VEAP Leon County

$_____Housing ($500 Max)
$_____Utilities ($300 Max)
$_____Temp Lodging ($200 Max)
$_____Travel ($100 Max)
$_____Birth Certificate ($50 Max)
$_____Other (Needs Leon county Authorization)
Other Type:

Required Legible and Unaltered Supporting Documents (attached with Application):

_____DD214 _____Photo ID _____Income Statements _____ Invoices/Bills ____Documentation of Emergency

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SITUATION, EVENTS AND/OR CIRCUMSTANCES THAT LED TO YOUR NEED. INCLUDE A PLAN OF ACTION TO OVERCOME AND PREVENT YOUR CURRENT FINANCIAL SITUATION.

1. To whom is the account Payable Housing: _____

Please provide contact person _____

Account Number _____Due Date_____

Address: _____

Phone Number _____Fax Number: _____

2. To whom is the account Payable Utilities: _____

Please provide contact person _____

Account Number _____Due Date_____

Address: _____

Phone Number _____Fax Number: _____

3. To Whom is the account Payable Other: _____

Please provide contact person _____

Account/Reference #: _____ Due Date _____

Address: _____

Phone Number _____ Fax Number: _____

Date:

Applicant Name: Address:

Applicant Phone:

County Funds Requested: Total: $ Rent: $ Utilities: $ Other: $ Type:

FVF Funds Requested: Total: $ Rent: $ Utilities: $ Other: $ Type:

APPLICANT _____ Employment Status: ☐ Full-time ☐ Part-time ☐ Self-Employed ☐ Disabled ☐ Retired Unemployed ☐ Job-seeking

_____ Employment Status: ☐ Full-time ☐ Part-time ☐ Self-Employed ☐ Disabled ☐ Retired Unemployed ☐ Job-seeking

ASSET/VALUE ☐ Car $_ ☐ Real Estate $_____ ☐ Bank Account(s) $_____ ☐ Other(s) $_____

SOURCE(S) OF INCOME ***(Provide documentation for each)***

EMPLOYMENT
EMPLOYMENT
CHILD SUPPORT
TAX RETURN
RETIREMENT/PENSION
SOCIAL SECURITY
SSI
TANF
UNEMPLOYMENT
VA
Other
TOTALS

Monthly Expense

RENT
UTILITIES
PHONE
FOOD
TOTALS

Please provide any additional relevant to your request (Service Interruption Dates, Eviction Hearing Date, ETC):

I HEREBY CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I AUTHORIZE IT TO BE USED TO VERIFY MY REQUEST(S) AND ELIGIBILITY FOR ASSISTANCE.

Applicant Signature: _____

Applicant Signature: _____ Date:

FOR INTERNAL LEON COUNTY USE ONLY

Disposition:

___ Approved ___ Disapproved

Reason for Decision: __ Income Exceeds Expenditures ☐ Prior LCVEAP Assistance

__ No Emergency __ No Documentation of Expenses __ Not Sustainable

__ No Documentation of Emergency __ Other: _____

Name of Deciding Official: Ben Bradwell III

Signature of Deciding Official: _____ Date: _____

Leon County Office of Human Services & Community Partnerships
Veterans Emergency Assistance Program (VEAP)
918 Railroad Avenue Tallahassee, FL 32310
Phone (850) 606 1940 Fax: 606 1941

VEAP PAYMENT AUTHORIZATION

Name of Client: _____

Address: _____

Phone: _____ Date: _____

Request: Housing Amount of Request: $_____ County Money Approved: $_____
Contingent on FVF Funds of: $_____

Pay to: _____

Payment Address: _____

Request: Utility Amount of Request: $ _____ County Money Approved: $_____
Contingent on FVF Funds of: $_____

Pay to: _____

Payment Address: _____

Request:_____Amount of Request: $_____ County Money Approved: $_____
Contingent on FVF Funds of: $_____

Pay to: _____

Payment Address: _____

Request:_____Amount of Request: $_____ County Money Approved: $_____
Contingent on FVF Funds of: $_____

Pay to: _____

Payment Address: _____

Total County Funds Used $_____ Approval Contingent of FVF Approval of $_____

Authorized By: Ben Bradwell III Date:

Authorizing Signature: _____