

Boone County Veteran's General Relief

Boone County Veteran's General Relief is here to assist with rent, utility bills, life threatening medical prescription needs, and burial. In order to determine if you are eligible, you need to fill out an application. Please complete the attached application. Once we receive a completed application, we will call you to set up for an interview. Please make sure you provide a clearly readable phone number or message number. Expect a phone call from an unknown number to arrange an interview. If you have no phone available, let the receptionist know and we will make accommodations for you. If you have questions, call 515-433-0593 and a receptionist will assist you. If you have an email address, please list it on the first page of the VA GA application.

RETURN the APPLICATION THE FOLLOWING WAYS:

1. Fax the completed application to 515-432-2480
2. Email the completed application to ccs_fax@boonecounty.iowa.gov
3. Mail the application to Boone County General Relief, 900 West 3rd St, Boone, Ia. 50036
4. Hand in the completed application in at the front desk.

We will NOT accept SNIPS or PICTURES of verification forms, or applications. We need them scanned to us as a PDF attachment.

You will need to provide verification of your DD 214, income for the past 30 days, current bank statement, copy of current bill that you are requesting assistance for, current lease, current child support statement, letter from Salvation Army as to eligibility, and letter from IMPACT as to eligibility. If you provide this requested information with the application or soon thereafter, it will greatly speed up the eligibility process.

If you are not receiving FIP, Food Assistance, Medical, or CIRHA please complete an application for those services. You must apply for all benefits for which you might be eligible for. Applications are available in the lobby for each of these programs.

BOONE COUNTY VETERANS AFFAIRS
900 WEST 3RD STREET
BOONE, IOWA 50036
OFFICE: (515) 433-0953 OR FAX: (515) 432-2480
Email: ccs_fax@boonecounty.iowa.gov

APPLICATION FOR VETERANS COUNTY BENEFITS

I. IDENTIFYING INFORMATION:

First Name	Middle	Last	Social Security #	Date of Birth
Street Address	City	State	Zip Code	Phone Number

Email Address _____

Type and Amount of Assistance Requested (please state): _____

VETERANS STATUS: Yes _____ No _____ If yes, date of service: _____

Household Members: Please list everyone living in the household

Name	Relationship	Social Security #	Birthdate

In the last three years, list the places you've resided. Begin with present address.

From Mo./Yr.	To Mo./Yr.	Street/City	County/State

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II. INCOME

Does anyone in your home receive any of the following income? Check "Yes" or "No" for each item. Complete the information line on items checked "Yes".

Source of Income	Circle One	Amount	How Often is Income Received?	Name or Names of Person(s) Receiving
FIP	YES NO			
Self-Employment	YES NO			
Employment	YES NO			
Student Loan or Grant Training Allowance, JTPA	YES NO			
Unemployment	YES NO			
Worker's Comp.	YES NO			
Railroad Retirement	YES NO			
Social Security	YES NO			
Supplemental Security Income (SSI)	YES NO			
Veterans Benefits	YES NO			
Child Support or Alimony	YES NO			
Military Dependency Allotment or Allowance	YES NO			
Disability Insurance Payments	YES NO			
IPERS	YES NO			
Civil Service	YES NO			
Other Pension or Compensation	YES NO			
Money from other persons, gift, loans	YES NO			
Money from Interest Dividends	YES NO			
Room and/or Board	YES NO			
Commissions or Other Lump Sum Payments	YES NO			
Other (Explain)	YES NO			

EMPLOYMENT HISTORY: (Most Recent)

Person	Employer	Kind of Work	Date Began	Date Ended	Monthly Wages	Reason for Discontinuing

III. RESOURCES

Does anyone in your home have any of the following resources? Circle "Yes" or "No" for each item.
Complete the information line for items checked "Yes".

	YES	NO	Amount	Location	Person(s)
Cash on Hand					
Checking Acct.					
Savings Account					
Stocks/Bonds					
Time Certificates					
Burial Contract/Plot					
Conservatorship/Trust					
Safety Deposit Box					

	YES	NO	Make/Year	Market Value	Amount Owed
Automobile(s)					
Truck(s) or Motorcycle(s)					
Snowmobile(s) or Boat(s)					
Mobile Home(s) or Camper(s)					
Other (Specify)					

Has anyone in your home received anything with cash value in the last two years (i.e., gifts, inheritance, winnings, settlements, etc.)?

*Yes _____ No _____

*If yes, list item and cash value _____

IV. EXPENSES:

Do you own, or are you buying the home in which you are living? Yes _____ No _____

If you are buying, your monthly payment is \$ _____.

If you rent, your monthly rental payment is \$ _____.

Does anyone in your home own or are buying real estate other than your homestead? Yes ___ No ___

Current month's utilities (lights, gas, water, garbage): \$ _____

Current month's childcare costs: \$ _____

Do you pay monthly child support? Yes _____ No _____ If so, how much? \$ _____

IV. MISCELLANEOUS INFORMATION:

Does anyone in your home have any of the following?

Life Insurance of Burial Benefits? *Yes _____ No _____ Health Insurance? *Yes _____ No _____

*If yes, list insurance company, address, policy number, and coverage: _____

If employed, does your employer offer health insurance? _____

If so, what is the cost and/or the waiting period? _____

Have you, your spouse, or dependent applied for all the benefits for which you might be eligible?

Yes _____ No _____

Are you an American Citizen? Yes _____ *No _____

*If no, are you a legal alien? Yes _____ No _____

Do you, your spouse, or dependent children have a serious disability? *Yes _____ No _____

If yes, please explain: _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. MY SIGNATURE BELOW ALSO GIVES PERMISSION TO THE BOONE COUNTY GENERAL ASSISTANCE PROGRAM TO SHARE ANY AND ALL INFORMATION REGARDING MY REQUEST FOR ASSISTANCE WITH: DEPARTMENT OF HUMAN SERVICES, EMPLOYERS, VETERAN'S AFFAIRS, COMMUNITY ACTION CENTER, SALVATION ARMY, LANDLORDS, MORTGAGE COMPANIES, UTILITY COMPANIES, AND MEDICAL PROVIDERS. THIS IS FOR THE PURPOSE OF DETERMINING INITIAL AND ONGOING ELIGIBILITY FOR ASSISTANCE. THIS SIGNATURE IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE OR UNTIL SERVICES ARE TERMINATED. I UNDERSTAND I MAY REVOKE THIS STATEMENT AT ANY TIME BY WRITTEN NOTIFICATION TO THE BOONE COUNTY GENERAL ASSISTANCE PROGRAM.

Signature of Applicant (or Legal Guardian)

Date

Phone Number _____

Email Address: _____

The answers from information that you provide on this application gives us the facts we need in order to decide if you are eligible for General Assistance. If any false statements are made regarding your income and/or resources or your current situation, your application for General Assistance may be denied. You may be required to sign an Authorization for Release of Information in order that further verification of information may be made.

PROHIBITION AGAINST DISCRIMINATION

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political beliefs.

RIGHT OF APPEAL

If you are not satisfied with the action of this office, you may appeal to the Director of General Assistance, John Grush, 515-433-0593 Ext. 221.

ITEMS YOU NEED TO BRING WITH YOU:

- * Verification of income for all members of the household. Pay stubs for the past 30 days. If self employed, bring home records or most recent Income Tax Return.
- * If requesting rent assistance, bring landlord's name, address, social security number, and eviction notice (if applicable).
- * If requesting assistance with utilities, bring **COMPLETE** utility bill.
- * Doctor's statement that you are unable to work if you are considered disabled.
- * Verification from Job Service that all members who are required to register for work have done so.

***IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE LET US KNOW IN ADVANCE.**

