

## JACKSON COUNTY VETERANS AFFAIRS

JACKSON COUNTY COURTHOUSE • 201 WEST PLATT STREET • MAQUOKETA, IOWA 52060

Phone: 563-652-0070 • Fax: 526-652-1785 • Email: [dschroeder@co.jackson.ia.us](mailto:dschroeder@co.jackson.ia.us)

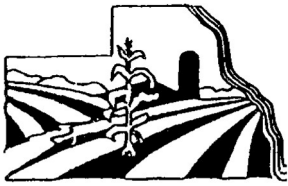
*Debbie Schroeder, Director*

### Application for Assistance

In order to apply for Veterans Affairs financial assistance, your completed application and all requested documentation must be returned at the time of your interview. The documents are necessary to verify the information you have entered on the application. Once **all** the required information has been received, a decision will be made within **10 (10) business days**.

1. Your **DD-214 discharge** form. You cannot be granted assistance if you do not have your discharge showing your dates of service and the type of discharge you received.
2. Completed application. **Do not leave any spaces blank**. If something does not apply to you, mark "NA" or draw a line through the blank.
3. Two forms of identification showing your current address within Jackson County, also Social Security cards for **ALL** household members.
4. Bank statements for the past three months for all household members.
5. Payroll or self-employment records for the past eight (8) weeks.
6. If you are not employed, you must provide proof of registration with the Iowa Work Force Development office. Registration is not required for the elderly or disabled.
7. Your most recently filed income tax returns.
8. Any life insurance policies on household members naming you a beneficiary and having any cash value.
9. Proof of monthly benefit checks (Social Security, disability, pension, SSI, veterans benefits, unemployment, workman's compensation, etc.) for all household members.
10. Current utility bills (gas, electric, water etc.).
11. A statement or rental agreement from your landlord if you are renting your residence.
12. Notice of Decision from the Department of Human Services showing the benefits or the denial of benefits you have applied for. You must make application for any and all benefits that you may be entitled to receive (food stamps, Title XIX, FIF, etc.)

Other: \_\_\_\_\_  
\_\_\_\_\_



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**Complete all blanks** if this is a **new application** or if your previous application is **60 days old**.

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Type of Assistance applying for

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
How Long

\_\_\_\_\_  
Previous address if you have lived at the above address less than 12 months

\_\_\_\_\_  
How Long

How long have you lived continuously in Iowa \_\_\_\_\_

(From what date to what date)

How long have you lived continuously in Jackson County \_\_\_\_\_

(From what date to what date)

Applicant's SS# \_\_\_\_\_

Spouse's SS# \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Date of Divorce \_\_\_\_\_

List names, ages and relationship of all other persons currently living at your residence:

Name \_\_\_\_\_

Age \_\_\_\_\_

Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## MILITARY SERVICE INFORMATION

Branch of Service \_\_\_\_\_

Type of Discharge \_\_\_\_\_

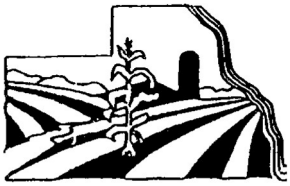
Service Number \_\_\_\_\_

Date of Entry \_\_\_\_\_

Place of Entry \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Place of Discharge \_\_\_\_\_



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War time service:

WWI \_\_\_\_\_ WWII \_\_\_\_\_ Korea \_\_\_\_\_ Viet Nam \_\_\_\_\_ Gulf War \_\_\_\_\_ Other \_\_\_\_\_

Are you considered Disabled? Yes \_\_\_ No \_\_\_

If Yes, is the disability: Service Connected? \_\_\_\_\_ Non-Service Connected: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Have you applied for Social Security, Veterans, SSI, or any other type of disability? Yes \_\_\_ No \_\_\_

If yes, what type: \_\_\_\_\_ When \_\_\_\_\_ Results \_\_\_\_\_

If you were denied, did you reapply? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Do you own or rent your residence? Own \_\_\_ Rent \_\_\_ Monthly payment \$ \_\_\_\_\_

Paid to whom \_\_\_\_\_

Address \_\_\_\_\_

Name and address of current employer \_\_\_\_\_

How long have you worked there \_\_\_\_\_ Type of work \_\_\_\_\_

(Please provide your previous 8 weeks of pay stubs and bank statements for income verification)

Name and address of previous employer \_\_\_\_\_

How long did you work there \_\_\_\_\_ Type of work \_\_\_\_\_

Spouse's employer and address \_\_\_\_\_

How long have they worked there \_\_\_\_\_ Type of work \_\_\_\_\_

(Please provide their previous 8 weeks of pay stubs and bank statements for income verification)

Is anyone else in your household employed? Yes \_\_\_ No \_\_\_ Who? \_\_\_\_\_

Their employer \_\_\_\_\_ How long \_\_\_\_\_

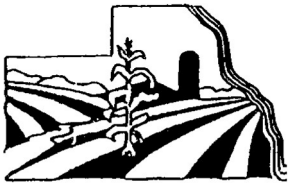
(Please provide their previous 8 weeks of pay stubs and bank statements for income verification)

If there has not been employment for the past year, provide your most recent federal and state income tax returns and all bank statements for the last four (4) months.

What is the highest grade in school you attended? \_\_\_\_\_

Have you attended any college or trade schools? Yes \_\_\_ No \_\_\_

Graduated? Yes \_\_\_ No \_\_\_ Year: \_\_\_\_\_



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What type of training or education did you receive? \_\_\_\_\_

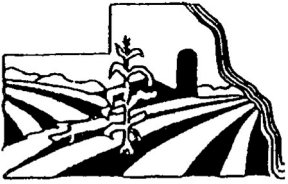
Your bank's name \_\_\_\_\_ Address \_\_\_\_\_

**List all forms** of assistance your household is currently receiving (Food stamps, housing assistance, energy assistance, general assistance, medical etc.)

<u>Source of Assistance</u>	<u>Type of Assistance</u>	<u>Amount of Assistance</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List all monthly sources of household income** (include all household members).

<u>Type of Income</u>	<u>Amount</u>	<u>Type of Income</u>	<u>Amount</u>
Salary or Wages (you)	_____	Rental Income	_____
Salary or Wages (spouse)	_____	SSI or Disability	_____
Salary or Wages (others)	_____	VA Pension or Disability	_____
Self-Employment	_____	Private Disability	_____
Business Income	_____	ADC/AFDC	_____
Farm Income	_____	Bonds/CD's	_____
Unemployment	_____	Interest Income	_____
Workman's Compensation	_____	Investments	_____
Social Security	_____	Real Estate Contract Income	_____
Company Pension	_____	Other Income	_____
<b>Total of All Household Income</b>			_____



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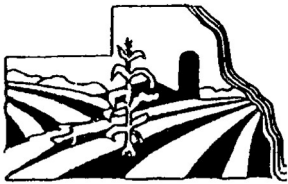
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**Net Worth** (List value of all IRA's, 401 plans, stocks, bonds, cash value of life insurance, vehicles (make, model & year), and market value of real estate minus any mortgages or liens.)

<u>Item</u>	<u>Value</u>	<u>Amount Owed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Monthly Living Expenses</u>	<u>Amount</u>	<u>Monthly Living Expenses</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Monthly Living Expenses</b>			_____

**Please Note:** Any false statement of a material fact made by an applicant constitutes perjury and is a punishable offense under Iowa Code 720.2.



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### AFFIDAVIT

I, the undersigned, first being duly sworn on oath, depose and state that I have read the above and foregoing statement of facts regarding eligibility for Assistance from the Jackson County Commission of Veterans Affairs and know the contents thereof to be true and correct as I verily believe. I further state that I and all other household members have no other income or means of support other than those as listed above. I will report to the Jackson County Commission of Veterans Affairs each and every month a true statement of all income and earnings by myself and all other household members as long as I continue to receive assistance from the Jackson County Commission of Veterans Affairs. Any false statement will also constitute grounds for denial of benefits from the Commission for a period of at least one (1) year.

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Signature of Applicant or legal representative

Date

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Signature of Veteran's Affairs Director, Commissioner or Notary Public

Date

v5-14