



Kitsap County Veterans Assistance Program

Carefully read the information on the following pages. Bring a completed application form and your supportive documentation to any of the following locations to start the process.

Bainbridge Island

Helpline House

282 Knechtel Way NE

Hours: Mon. thru Fri. 9 am to 5 pm

Call 206.842.7621 for an appointment

Bremerton

VFW Post 239

190 S. Dora Avenue; 360.377.6739

Hours: Wed. Noon to 2 pm

Ask for service officer

DAV, Chapter 5

2315 Burwell Avenue; 360.373.2397

Hours: Mon. thru Wed. 9 am to 4 pm

Ask for service officer

Port Orchard

VFW Post 2669

736 Bay Street; 360.876.2669

Hours: Tues. Noon to 4 pm

Ask for service officer

WDVA Building 9 Veterans Service Center

1141 Beach Drive East, Retsil

Mon. thru Fri. 8:30 am to 4:30 pm

Call 360.895.4346 for an appointment

Poulsbo

American Legion Post 245

19068 Jensen Way

Thursdays 10:00 am to 3:00 pm

Suquamish

Suquamish Tribe Veterans Office

18490 Suquamish way NE

Hours: Tues., Wed. 10 am to 2 pm

Call 360.394.8515 for an appointment



Introduction to the Kitsap County Veterans Assistance Fund

Dear Veteran,

The Kitsap County Veterans Assistance Fund (formerly known as the Soldiers and Sailors Relief Fund) provides temporary emergency assistance to veterans.

Please use the following suggestions to make the process as effective as possible, and to maximize programs available to you and your family.

Your local Veteran Service Officer is very knowledgeable about the variety of opportunities that may be available to you.

The service officer is an expert on applying to the county's Veterans Assistance Fund.

The service officer's role is to help you prepare your application and to serve as your advocate if needed.

Where to Start

Step one: Ask the service officer if you might be eligible for benefits from the state or federal Department of Veteran Affairs.

Step two: Ask the service officer if the local VFW, American Legion, or Disabled American Veterans chapter or its national organization might have a program that meets your needs.

Step three: Ask the service officer to help you apply to the county assistance fund.

Under this step, the service officer will ask you to provide required written documentation to support your request. See *the following page*.

The more documentation you can provide, the faster your application can be processed. Your efforts could result in up to \$1,200 in benefits – *and you might be eligible for more service at other agencies!*

If you are unemployed, not collecting unemployment and able to work, you will need to register with the Veterans Jobs Service Section at the WorkSource office at 1300 Sylvan Way in Bremerton (across the street from the Kitsap County Library). They will give you documentation to prove you have registered with them. This requirement does not apply if you have been determined by a state or federal agency to be fully disabled, temporarily disabled for 30 or more days, collecting social security or if you are enrolled in an accredited education program.

Once you have collected all your paperwork, the service officer will review it and help you make an appointment with Kitsap Community Resources (KCR). KCR will make a determination of your eligibility and process your application for the county Veterans Assistance Fund AND/OR several other programs they provide.

Appeal process: If you feel you have been inappropriately denied funding, consult with your service officer if you should file an appeal.

REQUIRED DOCUMENTATION FOR VETERANS ASSISTANCE FUND (VAF) AND/OR KITSAP COMMUNITY RESOURCES (KCR)

The VAF is administered through Kitsap Community Resources. KCR has also received funding to run a variety of programs for which you might be eligible. However, their grants also require additional documentation from you. If you are eligible, you may be able to receive funding from both the VAF and non-veteran programs at KCR.

Veterans Assistance Fund

- Honorable Discharge: DD214, VA statement of service, or Certificate of Discharge
- If married, marriage certificate, birth certificates or adoption papers of dependent children.
- Kitsap resident for 30 days at time of application.
- Registered with WorkSource or in a recognized training program or school or receiving social security or temporarily fully disabled for 30 days or longer.
- Income and expenses verification that demonstrates why you are in need.
 - Income: All income, including non-taxable, must be declared and documented, retirement benefits, disability, unemployment check stubs, paycheck stubs, income tax records, social security, VA benefits, VA CRCS, award letters for food stamps. etc.*
 - No Income: If you claim no income, you must provide a 'work history' from the unemployment office.*
 - Expenses: monthly bills, rental or mortgage agreement, medical bills, utilities, letters threatening eviction of cutting off service, court ordered child support, etc.*
 - Handwritten documents are not acceptable.*

Kitsap Community Resources (non-veteran programs). Because of grant requirements, KCR will need to document the number of people in your household as well as yourself, including non-family members.

- Employed: All check stubs or payroll print out showing gross pay for all household members 18 and older.
- Self-employed: Business earnings minus IRS recognized expenses. KCR self-employment form must be completed prior to appointment. Rental Income: Rental agreement or copy of receipts from tenant.
- Public assistance (TANF/GAU/REFUGEE): Most current award letter/printout showing grant amount.
- Social Security, Veterans Benefits, Pension or Retirement: You must bring a current award letter, copy of checks, or bank statement if direct deposited for the periods requested.
- L&I: Print out of payment history. Can be obtained at 500 Pacific Ave St #400 in Bremerton. Phone: 415-4000.
- No Income? If you claim no income, you must provide a 'work history' from the unemployment office.
- Alimony /Receiving/paying Child Support: Copy of checks, divorce decree or statement from child support enforcement showing current amount.
- School identification for anyone 18 years or older enrolled in school
- Copies of Social Security cards for everyone in household
- Copies of photo ID cards for everyone 18 or older in the household
- Any overdue/unpaid bills showing need for assistance



KITSAP COUNTY VETERANS ASSISTANCE FUND APPLICATION

Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Address: _____

Street name and number **City** **State** **Zip**

SERVICE

Branch of Service: _____ Date Entered Service: _____

Date of Discharge: _____ Type of Discharge: _____

Era: Iraq/Afghanistan Gulf War/Bosnia Viet Nam Korea WWII

Other _____

Have you received assistance from the Veterans Assistance Fund before? Yes No

Are you enrolled in VA Health? Yes No

FAMILY

Marital Status: Married Single Widow/Widower Divorced Other

Spouse or domestic partner's name: _____

Address if different than yours.

Names, ages, and addresses of children and other persons dependent on you:

Do dependant(s) reside with you? _____ Do you have roommates? _____

Are you working? YES NO Is your spouse working? YES NO

Name of Employer: _____

Address of Employer

Briefly indicate what type of assistance you want from this agency: _____

The County Veterans Assistance Fund has income eligibility requirements, which you will eventually have to document. To help get you through your first appointment in a timely manner, please complete the *Net Family Income Budget Calculator* on the following pages to determine your eligibility.

**Kitsap County Veterans Assistance Program
Net Family Income Budget Calculator**

<u>INCOME PAST 30 DAYS</u>	Amount	<u>MONTHLY EXPENSES</u>	Amount
Full or Part Time (take home)	\$ _____	Rent	\$ _____
Self-employed (net)	\$ _____	House Payment	\$ _____
Full or Part Time (spouse)	\$ _____	Electricity	\$ _____
Self-employed (spouse)	\$ _____	Heat	\$ _____
Unemployment	\$ _____	Sewer & water	\$ _____
Reverse mortgage	\$ _____	Waste Management, Inc.	\$ _____
Child Support / Alimony income	\$ _____	Phone (land line)	\$ _____
Retirement/pension	\$ _____	Cell phone 1	\$ _____
Property rental (net)	\$ _____	Cell phone 2	\$ _____
Social Security: Veteran	\$ _____	Internet	\$ _____
Social Security: Spouse	\$ _____	Cable / Satellite TV	\$ _____
Social Security: Children	\$ _____	Car 1 payment	\$ _____
Social Security: Widow/er	\$ _____	Car 2 payment	\$ _____
VA Pension	\$ _____	Health insurance	\$ _____
VA CRSC	\$ _____	Food	\$ _____
Welfare / DSHS Child Care	\$ _____	Child Support / Alimony (expense)	\$ _____
Food Stamps	\$ _____	Day or child care	\$ _____
All other income, including GI Bill and scholarships	\$ _____	Other regular monthly expenses	\$ _____
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

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Net Family Income

You need to determine your 'net' family income. This is simply done by subtracting allowable deductions (see below) from your total family income, which includes all revenue and benefits received by you and your family members living in the same household. The result will be your 'net' income.

Please complete the following steps and bring your finished form and support documents for each claimed deduction to your next appointment.

STEP ONE - INCOME

Enter the total amount of income from the proceeding page: \$_____

STEP TWO - DEDUCTIONS

The following items are the only deductions allowed. Please enter the amount that you have paid during the past 30 days.

Garnishments from the IRS, bankruptcy proceedings, or benefit overpayments: \$_____

Payment of child and spousal support including delinquent support payments: \$_____

Medical expenses including but not limited to medical or dental procedures, doctor visit co-pays, durable medical equipment (e.g. cane, crutches, walker, wheelchair), dental equipment (e.g. dentures), optical equipment (e.g. glasses), insurance premiums and prescription costs: \$_____

Educational expenses including, but are not limited to tuition and schoolbooks of the veteran (do not include education expenses of family members): \$_____

Daycare expenses include licensed daycare facilities and kinder-care. (Clients who receive a subsidy for childcare will be required to provide a letter from DSHS that shows the monthly co-pay): \$_____

Legal expenses include, but are not limited to court fees and lawyer fees for the veteran and the veteran's dependent. Do not include criminal case fines, traffic fines, or damages for civil cases: \$_____

Add up all your deductions and enter total here: \$_____

STEP 3 - TOTAL NET FAMILY INCOME

Enter total income amount from step one: \$_____

Enter total deductions from step two: \$_____

Subtract step two from step one to determine Net Family Income: \$_____

SECTION 8 APPLICANTS SEEKING RENTAL ASSISTANCE: If you are enrolled in a Section 8 program, contact your housing specialist to ensure you are not jeopardizing your Section 8 funding by applying for veteran assistance funds.

YOUR CURRENT HOUSING STATUS

Are you renting or buying? _____ Phone number of landlord or property owner: _____

Name & Address of Property Owner: _____

Name of Landlord or Property Manager: _____

Address: _____

STREET OR PO BOX CITY STATE ZIP

I, the undersigned swear or affirm that the answers to the questions hereon are true and correct and I understand that should they be proven false upon investigation I may forfeit my right to assistance under the Veterans Relief Act of the State of Washington and incur such other penalties as may be prescribed by law.

Signed: _____

(Applicant)

Date

Service Officer Comments:

I, hereby certify that I have made proper investigation of the above request for assistance and recommend payment thereof.

Signed: _____

Service Officer

Post

Date