

WORKSHEET

COUNTY VETERANS AID FUND

LANCASTER COUNTY VETERANS SERVICE

605 S. 10th St Room 373

LINCOLN, NE 68508

All information requested on this worksheet is required to complete your application for emergency assistance from the County Veterans Aid (CVA) Fund.

You must bring the following documents to your appointment. We will copy your original documents as needed. All originals will be returned to you.

If you do not bring this completed worksheet and all required documents with you to your appointment, you may have your appointment rescheduled or cancelled.

- This completed worksheet and your driver's license, *or* government issued photo ID
- Documentation of your military service (DD Form 214/Separation from Service). Must include characterization of service
- Any documentation you deem necessary to support your unforeseen emergency and immediate need for emergency assistance
- Proof of current and/or past income (wage/earnings statements, pay stubs, or other documents) from all employers/sources for all members of your household for the past three months. Include self-employment, rental income, retirement pay, Social Security, VA compensation, etc.
- Most recent bank account and retirement account statements *and/or* net worth documentation
- Current unpaid utility bills received (electricity, gas, sewer & water, sanitation, etc.). Utilities disconnect notice or shut-off notice
- Current mortgage payment statement/coupon *or* rental lease agreement/paid rent receipt
- Statement from previous employer of your termination/employment status or other proof of unemployment
- Proof of Nebraska residency for past year
- Proof of Lancaster County residency for past six months
- Unemployment eligibility: Notice of Adjudicator's Determination or Notice of Monetary Determination from Nebraska Workforce Development office

After completing this worksheet and obtaining all documentation, call 402-441-7361 to schedule an appointment to complete your application for emergency assistance from the CVA Fund.

LANCASTER COUNTY VETERANS AID FUND GUIDELINES

The County Veterans Aid (“CVA”) Fund is intended as a *temporary emergency fund* to assist eligible Veterans and their dependents in time of need due to an *unforeseen emergency*. A temporary emergency may include a proposed loss of utilities, shortage of food, or need for housing. It may also include articles of clothing, medical, dental, or funeral expenses in some instances. An unforeseen emergency may include the disruption of income, loss of benefits or an act of God. Use of all other available resources such as savings, and assistance from family and friends will be considered before applying for CVA. CVA is normally used to provide for temporary emergency needs not covered by Nebraska Veterans Aid (“NVA”) or other charitable resources. The Lancaster County Veteran Service Office will help you determine which fund is more suitable for the temporary emergency.

Military Service

Active duty military service separation or discharge must have been under Honorable or General (*under Honorable Conditions*) and must be during a Wartime period as defined by Nebraska Revised Statutes § 80-401.01 (Currently defined as having served on active duty during any of the following periods: **WWI** 4-6-17 to 11-11-18; **WWII** 12-7-41 to 12-31-46; **Korea** 6-25-50 to 1-31-55; **Vietnam** 2-28-61 to 5-7-75; **Lebanon** 8-25-82 to 2-26-84; **Grenada** 10-23-83 to 11-21-83; **Panama** 12-20-89 to 1-31-90; or **Persian Gulf** 8-2-90 to present.)

Residency

Nebraska residency is required for one (1) year, along with residency in Lancaster County for six (6) months immediately prior to submitting an application.

Applicants

The Veteran must file the application. When the Veteran is unable to file due to incapacity, incompetency, or death, the spouse/surviving spouse or dependent may file an application. The spouse/surviving spouse or dependent must prove their relationship to the Veteran through marriage documentation or a birth certificate showing the Veteran’s name and relationship to the applicant.

Application

CVA Fund applications shall be made on the County Veterans Aid form provided by the Lancaster County Veterans Service Office.

Expenditure

The CVA funds may be awarded for a one-time payment in an amount to satisfy current utilities, disconnect/shut-off notice, and/or food and shelter.

Approved Application

The applicant will be notified if an award has been approved by the Lancaster County Veterans Service Office.

- 1) Approved applications for utilities, disconnect/shut-off notices, and/or shelter payments are sent directly to the utility company, creditor, or business, and NOT the applicant. Proof of payment may be requested.
- 2) Approved applications for food are normally in the form of a food gift card issued to the applicant. Register receipts for food purchases may be required to be returned to the Lancaster County Veterans Service Office.

PLEASE
PRINT

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Part I – WHAT PROMPTED THIS EMERGENCY?

Have your earnings from employment / self-employment been interrupted? Yes () - No ()
Have any dependents' earnings from employment / self-employment been interrupted? Yes () - No ()
Explain your **unforeseen emergency** which prompts this request for emergency financial assistance.

Use additional page(s) as necessary to describe your emergency

LIST ALL DATES AS: Month - MM, Day - DD, Year - YYYY

When did this **unforeseen emergency** begin? **Date** ____/____/____

What expenses are you requesting and what amount is needed to satisfy your current monthly expense?

Expense Item _____ Amount Requested \$ _____
Expense Item _____ Amount Requested \$ _____
Expense Item _____ Amount Requested \$ _____
Expense Item _____ Amount Requested \$ _____

Part II – APPLICANT IDENTIFICATION

Full Name of Veteran	Social Security Number	Date of Birth ____/____/____	Date of Death ____/____/____
Name of Applicant (if other than Veteran)	Social Security Number	Date of Birth ____/____/____	Date of Death ____/____/____
Residence address / Mailing address		City NE	Zip Code
Have you applied for CVA funds before? Yes () - No ()	Date Previously Applied ____/____/____	Home Phone	Other Phone

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Part III – FINANCIAL STATEMENT					
List <u>all</u> income from <u>all</u> sources received by you and your dependents for the CURRENT MONTH & TOTAL FOR PAST 3 MONTHS			List CURRENT MONTHLY EXPENSES (actual expenditures – NOT averages) & TOTAL DEBT		
Source	Current Month Amount	Total Last Six Months	Monthly Expense / Liability	Total Debt or Past Due	Current Month's Payment
NE Veterans Aid Fund			Mortgage / Rent		
County Veterans Aid			Food		
Aid to Dependent Children			Electrical		
Child Support / Alimony			Natural Gas/Propane		
VA Compensation / Pension			Spousal Support		
VA Education Benefits			Cable		
DIC/VA Pension (Dependent)			Cell Phone		
IRA Distributions			Trash Service		
Military Retirement (Veteran)			Transportation / Gas		
Civilian Retirement (Veteran)			Health Insurance		
Retirement (Dependent)			Life Insurance		
Social Security (Veteran)			Auto Insurance		
Social Security (Dependent)			Second Mortgage		
Energy Assistance			Bank Loan		
Unemployment Start Date ____/____/____ End Date ____/____/____ Weekly Amount \$ _____			Auto Loan		
			All Credit Cards		
Workmen's Compensation			Auto Repairs		
Food Stamps			Medical / Co-pays		
Pawn / Loan Shops			Prescription Drugs		
Personal Loans			Dental		
Friends & Family			Child Care / Support		
List all Others			Student Loans		
			Personal Items		
			Other _____		
			Other _____		
TOTALS	\$ _____	\$ _____	TOTALS	\$ _____	\$ _____

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Part IV – HOUSEHOLD INCOME

VETERAN'S EARNED INCOME/WAGES/SELF EMPLOYMENT INCOME

Last / Current Employer's Name City & State	Date Work Began MM / DD / YYYY	Date Work Ended MM / DD / YYYY	Gross Monthly Earnings (Before any Deductions)	Net Monthly Earnings (After Taxes & Other Deductions)	Total Gross Earnings for Past 6 Months
Veteran's Employment Information	Gross Earnings for Past 30 Days \$ _____		Net Earnings for Past 30 Days \$ _____		
Date of Last Check ____/____/____ MM / DD / YYYY	Last Check Gross	\$ _____	Last Check Net	\$ _____	
Date of Pending Check ____/____/____ MM / DD / YYYY	Pending Check Gross	\$ _____	Pending Check Net	\$ _____	

DEPENDENTS' EARNED INCOME/WAGES/SELF EMPLOYMENT INCOME

Last / Current Employer's Name City & State	Date Work Began MM / DD / YYYY	Date Work Ended MM / DD / YYYY	Gross Monthly Earnings (Before any Deductions)	Net Monthly Earnings (After Taxes & Other Deductions)	Total Gross Earnings for Past 6 Months
Dependents' Employment Information	Gross Earnings for Past 30 Days \$ _____		Net Earnings for Past 30 Days \$ _____		
Date of Last Check ____/____/____ MM / DD / YYYY	Last Check Gross	\$ _____	Last Check Net	\$ _____	
Date of Last Check ____/____/____ MM / DD / YYYY	Pending Check Gross	\$ _____	Pending Check Net	\$ _____	

Determine the amount you need to meet current month's expenses

Total household income from all sources for past 30 days \$ _____	Total household expenses for current month expenditures \$ _____	DIFFERENCE (your loss, if any) \$ _____
Total Liabilities \$ _____	Total Assets \$ _____	Net Worth \$ _____

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Part V -YOUR HOUSEHOLD ASSETS			
	Value		Value
Home		Money Owed to You	
(1) Automobile/Van		Farmland & Equipment	
(2) SUV/Pickup		Livestock & Grain	
(3) Other _____		Rental Property	
Amounts in Cash, Checking, & Savings Account Balances		Business Property	
CDs/Stocks/Bonds/Mutual Funds		Boat, Camper, Motorcycle	
401K / 457 Plan / IRAs		Any Other Property Except Household Goods	
Other Assets		TOTAL ASSETS	\$ _____

Provide the following information for each vehicle

Make / Model	Year	State of Registration	License Plate Number
(1)			
(2)			
(3)			

PART VI - DISABILITY

Do you have a disability/conditions? Yes () No ()	Date Disability Began	Temporary ()
List your conditions:	_____ MM / DD / YYYY	or Permanent ()

Part VII - MARITAL STATUS AND DEPENDENTS

Single () Married () Widowed () Divorced () Separated ()	Date of Marriage _____ MM / DD / YYYY	Place of Marriage (City & State)
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**Provide information for all dependents who reside in your household.
Include those ages 18 to 23 who attend school full time.**

First Name - Middle Name - Last Name	Date of Birth MM / DD / YYYY	Relationship to Veteran

Attach your own additional sheets if necessary