Emergency Financial Assistance Application

Through a generous grant from the Texas Veterans Commission, the Wilson County Veteran Services Office can offer one-time financial assistance to eligible Veterans, Active Military, Current Spouses, Surviving Spouses, and dependent children. The assistance is only available to Wilson County Residents. Applicants can apply for up to $1,000.00 in financial assistance.

What To Expect

- *ALL REQUESTS FOR FINANCIAL HELP ARE ASSESSED AND EVALUATED ON AN INDIVIDUAL BASIS.*
  The submission and approval of an application DOES NOT GUARANTEE that requested financial assistance will be granted.

- *INCOMPLETE APPLICATIONS AND MISSING PAPERS DELAY PROCESSING.*
  After submitting a complete application with supporting documents and requesting funds, the estimated turnaround for payment is 30 days. This is a first-come, first-served, case-by-case program.

- *EMAIL/ IN PERSON MUST BE USED FOR ALL REQUESTS AND UPDATES.*
  Due to privacy and accountability considerations, all requests and progress updates must be sent and responded to via email/in person. IN THE ABSENCE OF A SIGNED DOCUMENT OR EMAIL RECORD, NO VERBAL CONSENT OR APPROVAL SHALL BE ACCEPTED.

- *EACH VENDOR FROM WHOM YOU REQUEST SERVICES MUST PROVIDE A W9 FORM.*
  A W-9 form is an Internal Revenue Service (IRS) tax form which is used to confirm a person's name, address, and taxpayer identification number (TIN). This form must be acquired by the applicant before the payment process can move forward.

Eligibility

TO ENSURE REQUIRED DOCUMENTS AND UNDERSTANDING OF PROGRAM REQUIREMENTS, CHECK ALL THAT APPLY:

- ☐ Veteran must have received an Honorable, General Under Honorable Conditions, or Other Than Honorable Conditions Discharge.
- ☐ Current unexpired Active-Duty orders/assignment letter.
- ☐ Widower of a qualified veteran verified with Death Certificate for widowers.
- ☐ Dependent spouse/child as defined by TVC-FVA
- ☐ Legal resident of Wilson County or unhoused.

Getting Started

- You may fill out the application by hand or electronically. Once completed, please return via email or in person and supporting documents to the (WilCoGY6 Case Coordinator only).
  - If you do not have access to a printer, the Wilson County Veterans Services Office has copies available in-person. Please observe that the building is open promptly from 8:00 a.m. to 5:00 p.m. Monday-Friday.
- Please contact the WilCoGY6 Case Coordinator with any questions or concerns:

  Name: Christine Jones | Email: WilCoGY6@wilsoncountytx.gov| Phone #: (830)391-3844

"This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance.
The Fund for Veterans Assistance provides grants to organizations serving veterans and their families." https://www.TVC.Texas.gov

Fund for Veterans' Assistance
Helping Veterans Starts Here

Financial Assistance Requested

TO ENSURE REQUIRED DOCUMENTS AND UNDERSTANDING OF PROGRAM REQUIREMENTS, CHECK ALL THAT APPLY:

- ☐ **Current/Past-Due Rent Payment**
  Rental agreement must be in the client's name, and the client must show formal documentation of the total amount past due. Must supply a copy of the rental agreement or lease. Rental property must provide a W-9. May also provide financial assistance with first month's rent or security deposit. Please inquire for further details.

- ☐ **Current/Past-Due Mortgage Payment**
  The client's name must be on the mortgage, and the mortgage holder must provide a W-9. The most recent mortgage statement with the applicant's name and all past-due amounts must be submitted.

- ☐ **Current/Past-Due Utility Payment**
  Utilities must be in client's name. Only utilities under the client's name at the time of accrual will be considered. The utility company must be able to provide a W-9, and the most current utility bill must display the client's identity as the account holder and all past-due balances for consideration.
- ☐ **Funeral**
  Funeral and burial costs of a Veteran excluding receptions and celebrations of life. Business must provide a W-9.

Documents and Agreements Required to Complete Application:

TO ENSURE REQUIRED DOCUMENTS AND UNDERSTANDING OF PROGRAM REQUIREMENTS, CHECK ALL THAT APPLY:

- ☐ Proof of Veteran Status /other accepted discharge documents (one of the following):
  - Veteran DD214
  - Member Copy 4
- ☐ Current/Unexpired Active-Duty Orders (both requirements)
  - Orders
  - Current Active-Duty ID
- ☐ Spouse (One of the following & Veteran DD214/ other accepted discharge documents):
  - Marriage Certificate
  - DD 1300

- ☐ Surviving Spouse & Veteran DD214/other accepted discharge documents:
  - Marriage Certificate
  - Death Certificate
- ☐ Dependents - Minor son, or daughter (must be under the age of 23 & Veteran DD214/ other accepted discharge documents):
  - Death Certificate
  - Birth Certificate
- ☐ Verification with official picture ID (one of the following):
  - Driver's License
  - Military ID
  - Other Valid Federal ID: _____
- ☐ Proof of residency:
  - Met by rent, mortgage, utility bill, or vehicle being identified as in Wilson County
- ☐ Most recent rental or mortgage statement no older than 90 days showing full amount due and yourself listed.
- ☐ Most recent utility statement no older than 90-days showing full amount due and yourself as account holder.

- ☐ 2-months of financial statements.
- ☐ *Vendors must provide W9 in order to receive check payment.*
- ☐ Completed Monthly Budget (pages 6).

Disclosure

Applicant Authorizations – By signing below you are acknowledging knowledge of the following statements.

1. The information provided is true and correct to the best of my knowledge.

2. I understand that I MUST provide a copy of my DD-214, DD-215 or NGB-22

3. I understand that I MUST provide a copy of my most current bank statement.

a. If your application is before the 15th of the month, you can provide the prior month bank statement in correlation to the application month.

b. If your application is after the 15th of the month, you must provide the statement for the current application month.

4. I understand that the Discharge Characterization of Service: Honorable, General Under Honorable Conditions, Other than Honorable Conditions and Uncharacterized shall be used as one of the criteria if this grant funding is awarded.

5. I understand that financial assistance is contingent on a completed application, submission of required documentation, resource eligibility and available funds.

6. I understand that submitting an application does not guarantee financial assistance can be provided.

7. I understand that completed applications will be worked in the order that they are received.

8. I understand that it is the APPLICANTS responsibility to provide a completed application. Upon receipt of all required documentation the application will be treated as being received that day.

9. I further understand I am subject to prosecution for providing false or fraudulent information on this application.

Release of information:

_____ (initial) I release information to the Wilson County Veteran Services Office (CVSO) and its contracted agencies to solicit/verify information including utility billing history needed to provide assistance with my utilities and/or fuel bills both past and present.

_____ (initial) I am an applicant for Wilson County Veteran Services Financial Assistance Program. I hereby give permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I also understand that a photocopy of this release form is valid as the original and may be used to obtain more information and verify other data as needed.

Signature Required

I, _____, agree to hold Wilson County, Veteran Services, their agencies, and those working with them harmless as a result of the handling in good faith of this application and waive all right to seek damages from these parties for any loss or perceived loss that may accrue.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Wilson County Veterans Services Office
1144 C Street Floresville, TX 78114

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Applicant Information

First and Last Name:	Date of Birth:	
Address:	Zip Code:	County:
Unhoused: ☐ Yes | ☐ No | ☐ Unhoused since: _____	Phone:	Text: ☐ Yes | ☐ No | ☐ N/A
Email:	Alternate Phone:	

Gender:
☐ Male | ☐ Female | ☐ Prefer not to respond

Race:
☐ Asian | ☐ Black | ☐ Caucasian | ☐ Native American | ☐ Native Hawaiian or Pacific Islander | ☐ Mixed Race

Ethnicity:
☐ Hispanic or Latino | ☐ Not Hispanic or Latino

Marital Status:
☐ Single | ☐ Married | ☐ Divorced | ☐ Common Law | ☐ Cohabitation | ☐ Surviving Spouse

Pregnant: ☐ Yes | ☐ No | ☐ N/A	Food insecurity: ☐ Yes | ☐ No	Have shelter: ☐ Yes | ☐ No	Safe: ☐ Yes | ☐ No

Living Situation
☐ Rent | ☐ Lease | ☐ Own | ☐ Transitional | ☐ Shelter | ☐ Other:

Education Level:	Valid Driver's License: ☐ Yes | ☐ No	Employed: ☐ Yes | ☐ No

Other Concerns:
☐ Legal | ☐ Addiction | ☐ Rx | ☐ Mental Health | ☐ Employment | ☐ Anger | ☐ Stress | ☐ Other (please explain)

Veteran's Service information (Check all that apply)

Veteran's Full Legal Name (if different than applicant information):	Date of Birth (if different than applicant information):

Branch of Service:
☐ Marine Corps | ☐ Navy | ☐ Army | ☐ Air Force | ☐ Coast Guard | ☐ Space Force

Do you have a DD form 214: ☐ Yes | ☐ No	Status: ☐ Active | ☐ Reserve | ☐ National Guard

Length of service:
☐ Period of Service: _____to _____: ☐ Less than year: _____ months.

Status On Discharge Record or Current Status:
☐ Honorable | ☐ General | ☐ Other Than Honorable Conditions | ☐ Bad Conduct | ☐ Dishonorable | ☐ Active Orders

Combat Zone: ☐ Yes | ☐ No	VA Disability Claim: ☐ Yes | ☐ No	Request An Increase: ☐ Yes | ☐ No | ☐ N/A

Emergency Contact

Name:	Number:	Relationship

Members in Household

Name:	Date of Birth:	Relationship to Veteran:

Reason For Financial Assistance:

What I Have Done to Resolve the Hardship:

Completed By Grant Coordinator or Other Representative

Expense that member is requesting Financial Assistance for:				
Amount:	Payable To:	Account #:		
Contact #:	Address:	City:	State:	Zip:
Verification of need:				
Requested amount will cover amount owed: Yes: ☐ | No: ☐		Arrangements have been made if not: ☐ Yes | ☐ No | ☐ N/A		
Justification:				

WILSON COUNTY VETERANS SERVICES

Veteran Status: ☐ Yes | ☐ No | ☐ N/A	Proof of Residency: Yes: ☐ | No: ☐	2-Months of Financials: Yes: ☐ | No: ☐
Photo ID provided: Yes: ☐ | No: ☐	Qualified: Yes: ☐ | No: ☐	Budget Produced: Yes: ☐ | No: ☐

Monthly Budget

Projected Monthly Income		Projected Monthly Balance	
Primary Employment	$	Total Projected Monthly Income	
Additional Employment(s)	$	Minus Total Expenses	
Retirement Pay	$	**Total**	
VA Retirement Pay	$		
Social Security	$	Notes	
Disability	$		
VA Disability	$		
Spouse Income	$		
Any Other Form of Income from Household Member(s)	$		
Other	$		
Total Projected Monthly Income	$		

Monthly Expenses

Housing		Utilities		Entertainment	
Mortgage Or Rent	$	Electricity	$	Spotify/Pandora	$
Home Warranty	$	Natural Gas	$	Apple TV/Music	$
Renter's or Homeowner's Insurance	$	Water, Sewage / City	$	Netflix	$
Homeowner Association (HOA)	$	Trash Collection	$	Philo	$
Alarm System	$	Cellphones (All)	$	Hulu	$
Other	$	Internet	$	Sling	$
Subtotal	$	Cable/Satellite	$	Fubo	$
		Home bundle (internet, TV, phone)	$	YouTube	$
Transportation		*Subtotal*	$	Disney Plus	$
Vehicle 1	$			Paramount Plus	$
Vehicle 2	$	Food		HBO	$
Vehicle Insurance	$	Groceries	$	Peacock	$
Gas	$	Eating Out	$	Other Streaming service(s)	$
Tolls	$	Work Lunch	$	Redbox	$
Parking	$	School Lunch	$	Going out	$
Maintenance/Repairs	$	Coffee/Specialty Drinks	$	Movies	$
Additional Vehicle	$	*Subtotals*	$	Books	$
Subtotal	$			*Subtotal*	$
		Insurance			
Other Debt		Health	$	Other Expenses	
Credit Cards	$	Vision	$		$

Liens	$	Dental	$		$
Loans	$	Life	$		$
Subtotal	$	*Subtotal*	$	*Subtotal*	$

Mandatory: Please give a brief description below

Needs Statement: (*Please describe your current situation)*

What type of financial emergency are you facing? *(unexpected car repair, utility payment, rental/mortgage needs?)*

What are the biggest challenges you face in meeting your household's financial needs? *(e.g., unsteady employment, unexpected bills)*

How can we help you meet your needs? *(e.g., financial assistance, referrals to other resources)*

What are your expected outcomes?