

**STORY COUNTY
COMMISSION OF VETERANS AFFAIRS
APPLICATION**

Date _____

Telephone # _____

Email address _____

Veteran's Name _____

Spouse's Name _____

Address _____

Address _____

Social Security Number _____

Social Security Number _____

Date of Birth _____

Date of Birth _____

DEPENDENT CHILDREN

Name/Age _____ DOB _____ Name/Age _____ DOB _____

Name/Age _____ DOB _____ Name/Age _____ DOB _____

SOURCES OF INCOME FOR ALL ADULTS IN THE HOME

	<u>Applicant</u>	<u>Others in Household</u>
Employment Wages	\$ _____	\$ _____
Compensation or Pension	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Assistance From Family / Friends	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
FIP	\$ _____	\$ _____
SSI/SDI	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

RESOURCES

	<u>Applicant</u>	<u>Others in Household</u>
Savings Acct	\$ _____	\$ _____
Checking Acct	\$ _____	\$ _____
Securities/Bonds	\$ _____	\$ _____

EXPENDITURES

Medical and Hospital Bills _____ Medicines _____

I certify that the above information is true and complete to the best of my knowledge, and I authorize Story County Veterans Affairs staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of Story County establishing my eligibility for services requested.

Applicant's Signature (or Legal Guardian) _____ **Date** _____