

**EMERGENCY FINANCIAL ASSISTANCE APPLICATION**

Montgomery County Veterans Service Commission  
 627 Edwin C. Moses Blvd., 4th Floor, East Medical Plaza, Dayton OH 45417  
 Phone: 937-225-4801 Fax: 937-225-4854

**INCOMPLETE APPLICATIONS WILL NOT BE APPROVED.**

Once all items on the list below have been obtained, please return to our office in person, our drop box, or U.S. mail. You may be contacted regarding your application to discuss any financial questions that may arise. **Emergency financial assistance is not an entitlement and you must demonstrate a documented need.** Please note that emergency financial assistance is only for the support of the Veteran, legal spouse of the Veteran, and the legal dependents of the Veteran.

PLEASE CIRCLE THE TYPE(S) OF ASSISTANCE REQUESTED:

RENT/MORTGAGE

UTILITIES

FOOD

What caused your financial emergency? \_\_\_\_\_

**Completed**

\_\_\_\_\_ A copy of all your DD-214s unless previously provided. You must have an honorable or under honorable (general) character of service, which must be visible on the DD-214 copy.

\_\_\_\_\_ Proof of residency of Montgomery County for at least 90 days. (i.e., utility bill with your address)

\_\_\_\_\_ A copy of your current (not expired), valid Ohio photo identification.

\_\_\_\_\_ A copy of your Marriage Certificate (if you are married), Divorce Decree (if you are divorced), Death Certificate (if your spouse is deceased), Birth Certificate(s) (if you have minor child(ren)) unless previously provided or there has been a change in your status (marriage, divorce, or death).

\_\_\_\_\_ A copy of your bank activity for **ALL** accounts for the last **60** days, including all individuals that live at your residence. The Bank Account Activity Request Form is included in this packet, if needed, to obtain your bank activity.

\_\_\_\_\_ A copy of all receipts of payments you made that are not detailed on your bank activity statement.

Housing – **RENT**

- Copy of current, signed and dated Lease
- Landlord Ledger Form completed by your landlord
- Request for Taxpayer Identification and Certification

No rent payments to relatives and your landlord must be registered with the Montgomery County Auditor as a rental property owner (937-225-4314). All property owners will be verified.

Housing – **MORTGAGE** (Must be in applicant’s name and not in foreclosure)

- Mortgage Company Ledger Form completed by your mortgage company
- Request for Taxpayer Identification and Certification or W-9

\_\_\_\_\_ If you have utilities (gas, electric, water) in your name, bring a copy of your latest bill for each. We will not consider utility assistance for accounts that are not in your name. You may be required to apply for a Percentage of Income Payment Plan for your DP&L and Vectren. Once you are placed on a Percentage of Income Payment Plan, if you default on your payments, utility assistance will not be considered.

\_\_\_\_\_ A copy of **ALL** income for the last **60** days for **ALL** individuals that live at your residence. Please provide employment paystubs, VA compensation award letters, VA disability award letters, Social Security award letters, child support payments, foster care payments, and any other miscellaneous income.

**RELEASE OF LIABILITY**

I have read and understand the requirements and policies of receiving emergency financial assistance from Montgomery County Veterans Service Commission. I further understand and agree that the Montgomery County Veterans Service Commission may make a thorough investigation of my financial circumstances, employment and income, housing, and utility services. Therefore, I hereby release Montgomery County Veterans Service Commission and its employees or others from any liability or damages which may result from this exchange of my personal information. **I understand that all assistance awards are based on eligibility and a demonstrated and documented need.** I understand that funding for the Montgomery County Veterans Service Commission is through property tax revenues and understand that the Montgomery County Veterans Service Commission diligently works to ensure all assistance is dispersed in the best interest of those taxpayers. **I further understand that knowingly providing false, misleading or incomplete information when applying for emergency financial assistance may result in the denial of emergency financial assistance now and in the future, required restitution, and subject to criminal prosecution.** I hereby certify that all statements provided by me at any step of the financial application process are true, complete, and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Address\_\_\_\_\_  
Email

**BANK ACCOUNT ACTIVITY REQUEST**

I am applying for services from the Montgomery County Veterans Service Commission.

As part of the application process, I must submit to them copies of the last 60 days activity of ALL of my bank accounts. This is not the bank statement, but account activity.

This report must list the names of all the account holders.

Please provide a copy of my last 60 days activity statement for all my accounts.

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Signature

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Date

**MONTGOMERY COUNTY AUDITOR'S OFFICE**  
**451 WEST THIRD STREET, DAYTON, OH 45422 (937) 225-6348 (PH) (937) 496-7516 (FAX)**  
**Request for Taxpayer Identification and Certification**

Name (as shown on your income tax return) \_\_\_\_\_

Business name/disregarded entity name, if different from above \_\_\_\_\_

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Remit Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact email address \_\_\_\_\_ Remittance advice email address \_\_\_\_\_

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

Click on appropriate circle below for federal tax classification:

- Individual/sole proprietor  
  C Corporation  
  S Corporation  
  Partnership  
  Trust/estate  
  Exempt payee  
 Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = partnership)   
 Other (see instructions)

What type of payments/services do/will you receive/provide from/to Montgomery County (select all that apply)

- Extradition Reimbursement  
  Goods  
  Grand Juror  
  Legal Services  
 Medical & health care services or billing and collecting for such services  
  Reimbursement Other  
 Rent services  
  Respite Care provider  
  Respite Care family reimbursement  
  Visiting judge  
 Volunteer  
  Services Other - Describe: \_\_\_\_\_

Contact Name (Print) \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Part II CERTIFICATION**

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. Person or other U.S. person (defined in the instructions)
- (4) I am or any person associated with the company is not currently under suspension, debarment, voluntary exclusion or determination of ineligibility by any federal agency or determined ineligible by any federal agency within the past three (3) years.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

SIGN HERE \_\_\_\_\_  
 Signature of U.S. Person \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO OR CONTACT FOR QUESTIONS:**  
**VENDOR MAINTENANCE**  
**MONTGOMERY COUNTY AUDITOR'S OFFICE-4TH FLOOR**  
**451 WEST THIRD STREET, DAYTON, OH 45422**  
**(937) 225-6348 (PH); (937) 496-7516 (FAX)**

**Submit Form**



**LANDLORD LEDGER FORM**

**MONTGOMERY COUNTY VETERANS SERVICE COMMISSION**

627 Edwin C. Moses Boulevard, 4<sup>th</sup> Floor, Dayton, OH 45417

Phone: (937) 225-4801 Fax: (937) 225-4854

Mr./Ms. \_\_\_\_\_ is applying for assistance from the Montgomery County Veterans Service Commission. As part of the application process, we require the last 12 months of rental payments and the information completed below by the landlord. We also require a signed and completed current lease. In addition, your property must be registered with the Montgomery County Auditor’s Office (937-225-4314) as a rental property (we do not need the registration copy, but the landlord must attest to registering by signing below). **INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

Names of All on Lease of Rental Unit \_\_\_\_\_

Address of Rental Property \_\_\_\_\_

Landlord’s Name (Print) \_\_\_\_\_ Date Lease Effective \_\_\_\_\_

Landlord’s Daytime Telephone Number \_\_\_\_\_

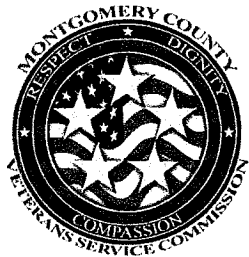
Month and Year (MOST RECENT 12 MONTHS)	Payment Received (Dollar Amount)	Balance Remaining (Dollar Amount)	Amount Paid by Other Agency or HUD

The Montgomery County Taxpayer Identification Form (attached) must also be completed by the landlord. Your rental property must be registered with the Montgomery County Auditor (937-225-4314) as a rental property as required in ORC 5323.

I have read and completed the above information and the Montgomery County Taxpayer Identification Form (attached). My signature below denotes also that I have registered my rental property with the Montgomery County Auditor’s Office, as required in ORC 5323. I understand that providing false, misleading, or incomplete information may result in required restitution and subsection to criminal prosecution.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date



**MORTGAGE COMPANY STATEMENT FORM**

MONTGOMERY COUNTY VETERANS SERVICE COMMISSION  
 627 Edwin C. Moses Boulevard, 4th Floor, East Medical Plaza  
 Dayton, Ohio 45417 Phone: 937-225-4801, Fax: 937-225-4854

\_\_\_\_\_  
 Mortgage Company's Name

\_\_\_\_\_  
 Mortgage Company's Tax ID #

\_\_\_\_\_  
 Mortgage Company Mailing Address for Payment

\_\_\_\_\_  
 Street address, City, Zip Code of Mortgaged Property

\_\_\_\_\_  
 Mortgage Account Number

\_\_\_\_\_  
 Name of Person(s) Listed as Mortgage Holder (Borrower)

<b>Ledger of Last 12 Months Activity</b>			
Date of Payment	Dollar Amount of Regular Monthly Payment Due	Dollar Amount of Payment Made	Amount Past Due

\_\_\_\_\_  
 Signature of Mortgage Co. Official Completing Form

\_\_\_\_\_  
 Print Name

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

\_\_\_\_\_  
 Date

***ALL ITEMS MUST BE COMPLETED BEFORE FORM WILL BE ACCEPTED***

*I understand that if I make false statements or answers to any information related to my mortgage or financial assistance application and receive assistance as a result thereof, my file may be referred to a prosecutor for possible action. I understand and agree that the Montgomery County Veterans Service Commission may make a thorough investigation of my financial circumstances, mortgage information, and housing. I hereby release you, your organization or others from any liability or damages which may result from the exchange of information requested.*

\_\_\_\_\_  
 Veteran/Client Signature

\_\_\_\_\_  
 Date