



Butler County Veterans Service Commission

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1021 Central Avenue
 Middletown, Ohio 45044
 Phone: (513) 425-8688
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Financial Assistance Pre-Registration Questionnaire

| | | | |
|--|--------------------|---------------|----------------|
| VETERAN'S NAME (REQUIRED) | Last Name | First Name | Middle Initial |
| Social Security Number | Date of Birth | Date of Death | |
| Phone Number | Street Address | | |
| Date moved In | City | Zip Code | |
| Marital Status | Current Occupation | | |

| | | | |
|--|----------------|------------|----------------|
| APPLICANT'S NAME (If other than Veteran applying) | Last Name | First Name | Middle Initial |
| Social Security Number of Applicant | Street Address | | |
| Relationship to Veteran | City | Zip Code | |

COPY OF DOD FORM DD214- Certificate of Release or Discharge from Active Duty required.

If not available, one can be requested for you. Form must show active duty for other than training.

Discharge must be at least Under Honorable Conditions.

This agency required under ORC §5901 to check for, and deny financial aid on, open Warrants/Capiases.

| | |
|----|--|
| 1. | Have you ever applied for Financial Assistance Through our agency? <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| 2. | Please list your previous address. (If at above address less than 12 months) |
| 3. | How long have you lived in Butler County? |
| 4. | What is your employer's name and telephone number? Refer to: Employment History Form on website. |
| 5. | What is your mortgage holder's name and telephone number? Rental/Lease Applicants refer to: Landlord Statement Form on website. |
| 6. | Please check off the items you are seeking assistance with at this time: (Documentation of income and expenses in last 30 days required. Statements must be detailed transaction reports.) <input type="checkbox"/> Car Insurance <input type="checkbox"/> Food <input type="checkbox"/> Refrigerator/Stove <input type="checkbox"/> Car Repairs <input type="checkbox"/> Medical <input type="checkbox"/> Furnace/Air Conditioning <input type="checkbox"/> Car Payments <input type="checkbox"/> Bills <input type="checkbox"/> Utilities <input type="checkbox"/> Homeowner Insurance <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Diapers/Depends/Ensure <input type="checkbox"/> Mortgage/Rent <input type="checkbox"/> Prescriptions <input type="checkbox"/> Work/School clothes <input type="checkbox"/> Property Taxes <input type="checkbox"/> Dental <input type="checkbox"/> Other _____ |
| 7. | How did you learn of this agency? |
| 8. | Are you aware that our agency can assist you with filing claims for Federal Benefits through the Department of Veteran Affairs? <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| 9. | Are you interested in setting an appointment with a Service Officer to discuss possible Federal Benefits through the Department of Veteran Affairs <input type="checkbox"/> Yes or <input type="checkbox"/> No |

PRINT NAME:

SIGNATURE:

DATE