



# Butler County Veterans' Service Commission

Hamilton: 513.887.3600

Middletown: 513.425.8688

Fax: 513.887.3519

## Financial Assistance Pre-Registration Questionnaire

<b>VETERAN'S NAME</b> (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		

<b>APPLICANT'S NAME</b> (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?	<b>YES</b>	<b>NO</b>
2.	Please list your previous address. (If at above address less than 12 months)		
3.	How long have you lived in Butler County? Proof required for 90 day residency via lease/rental agreement or utility billing.		
4.	What is your employer's name and telephone number?		
5.	What is your landlord/mortgage holder's name and telephone number?		
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"/> Car Repairs <input type="checkbox"/> Car Payments <input type="checkbox"/> Homeowner Insurance <input type="checkbox"/> Mortgage/Rent <input type="checkbox"/> Property Taxes	<input type="checkbox"/> Food <input type="checkbox"/> Medical <input type="checkbox"/> Bills <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Prescriptions <input type="checkbox"/> Dental	<input type="checkbox"/> Refrigerator/Stove <input type="checkbox"/> Furnace/Air Conditioning <input type="checkbox"/> Utilities <input type="checkbox"/> Diapers/Depends/Ensure <input type="checkbox"/> Work/School clothes <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? <b>Yes NO</b>		
9.	Are you interested in setting an appointment with a Service Officer to discuss possible Federal Benefits through the Department of Veteran Affairs? <b>Yes No</b>		

**PRINT NAME:**

**SIGNATURE:**

**DATE**