

OKLAHOMA DEPARTMENT OF VETERANS AFFAIRS
APPLICATION FOR FINANCIAL ASSISTANCE

ELIGIBILITY: * MUST have a RECENT (1 year or less) interruption or loss of job and/or income resulting from illness or injury
* RECENT (1 year or less) loss of veteran or spouse
* Emergency Assistance can also be granted for disasters such as; loss of home due to fire, flood or storms
***MUST HAVE PROOF OF LOSS**

Veteran's Name: _____ **SS#** _____ **DOB:** _____ **Branch of Service:** _____
(must have Honorable Disch.)

Address: _____ **City:** _____ **State:** _____ **9 Digit Zip Code:** _____

Occupation: _____ **Name of Last Employer:** _____ **Date of Last (Full or Part-time) Employment:** _____

Name of Spouse: _____ **Spouse SS#:** _____ **Spouse DOB:** _____ **Telephone #:** _____

Has claimant been an Oklahoma resident for 1 year? Yes or NO Has claimant ever been employed by the State of Oklahoma? Yes or No

Is veteran or spouse deceased? If yes, Date of Death: _____ **(submit a copy of death certificate)**
Is application being submitted for Disaster? If yes, Date of Disaster: _____ **(must submit a copy of fire report or report of agency investigating incident)**

Veterans Monthly Income

We have the following Monthly income:

SPOUSE:

Employment	\$ _____	\$ _____	0
Veterans Administration	\$ _____	\$ _____	0
Social Security	\$ _____	\$ _____	
Insurance or Retirement	\$ _____	\$ _____	
DHS and/or Food Stamps (if in receipt of these benefits, ODVA will not be able to grant, as DHS would cut the benefits off)	\$ _____	\$ _____	0
Other	\$ _____	\$ _____	

\$ _____ \$ _____ \$ _____

House Payment or Monthly Rent: (circle one) _____ **Food** _____ **Utilities: (elect., gas & water)** _____

Has veteran or spouse been treated in the past 3 months by a physician? Yes or No

Is so, diagnosis? (medical records **MUST** be attached to application) _____

List all dependents (18 or younger or helpless children) living in the home:

<u>Name:</u>	<u>Age:</u>	<u>Relationship to Veteran:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WARNING: "The Veterans Commission may, in cases of fraud, misrepresentation, or withholding of information, BAR the applicant from future benefits, or refer to the Attorney General of Oklahoma for prosecution."

Under the penalty of prosecution, I certify the information listed on this application is correct and I have read the above warning.

Signature of Applicant:

I authorize the Oklahoma Department of Veterans Affairs (ODVA) to obtain any and all information from my records with the U.S. Department of Veterans Affairs (VA) to assist in the processing of this application.

Signature of Applicant:

POST OR CHAPTER INVESTIGATION AND RECOMMENDATION:

Please, give a brief report (tell us why you need the grant) with recommendations:

**The following information MUST be completely filled out:
Two Post/Chapter Officials must sign on the following lines:**

Signature:

Signature:

Print Name and Title:

Print Name and Title:

Post or Chapter: _____

Address: _____

City: _____

Zip Code: _____

Telephone #: _____

Mail FULLY Completed Application & OMES Vendor Payee Form to:

Oklahoma Department of Veterans Affairs
Attn: Financial Assistance Division
125 S. Main Street, Rm1B38
Muskogee, OK 74401

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Signature of Applicant:

Please give a brief report (tell us why you need the grant):

Signature of VSR Assisting with Application:

Angela Chalk, ODVA VSR

Print Name:

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