



Introduction to the Kitsap County Veterans Assistance Fund

Dear Veteran,

The Kitsap County Veterans Assistance Fund provides temporary assistance to veterans in financial crisis to meet immediate needs. You can start the process at a location near you listed below.

Please use the following suggestions to make the process as effective and efficient as possible, and to maximize programs available to you and your family.

Your local Veteran Service Officer is very knowledgeable about the variety of opportunities that may be available to you and can assist you with applying to the county's Veterans Assistance Fund.

The service officer's role is to help you prepare your application and to serve as your advocate if needed.

Start the Application Process

Step one: Ask the service officer if you might be eligible for benefits from the US Department of Veteran Affairs, the Washington State Department of Veteran Affairs, or through local posts or chapters of veteran service organizations.

Step two: Ask the service officer to help you apply to the county assistance fund.

Step three: Gather then provide the required written documentation to the service officer to support your request. The more documentation you can provide, the faster your application can be processed.

If you are unemployed, not collecting unemployment, and able to work, you will need to register with the Veterans Jobs Service Section at the WorkSource office at 3120 NW Randall Way, Silverdale, WA 98383. The WorkSource phone number is: (360) 516-1001. They will give you documentation to prove you have registered with them. You are exempt from this requirement if you are:

- Determined by a state or federal agency to be fully disabled;
- Temporarily disabled for 30 or more days; (documented by a physician)
- Collecting social security or unemployment insurance; or,
- Enrolled in a Workforce Investment Act training program or other accredited educational institutions.

Step four: Once you have collected all your paperwork, the service officer will review it and help you make an appointment with Kitsap Community Resources (KCR). KCR will determine your eligibility then process your application for the county Veterans Assistance Fund. Your application will be reviewed after receipt and an award may be made based on your documented need and financial condition. A result of reviewing your application may also include a referral to other community agencies providing services that may assist you with developing short and long term solutions. However, any award amount is based on your documented, immediate need.

Appeal process: If you feel your request was inappropriately denied consult with your service officer to discuss the merits of filing an appeal.

Where to apply for the Veterans Assistance Fund

You may start the application process at one of the following locations:

Bainbridge Island

Helpline House
282 Knechtel Way NE
Hours: Mon. thru Fri. 9 am to 5 pm
Call 206-842-7621 for an appointment

Port Orchard

VFW Post 2669
3100 SE Mile Hill Drive;
360-876-2669
Hours: Tues. Noon to 4 pm Ask for service officer

Poulsbo

American Legion Post 245
Second Floor, Fishline Building
19705 Viking Way NW;
360-779-5456
Hours: Thursdays 10:00 am to 3:00pm

Silverdale

VFW 4992
9981 Central Valley Road
By appointment only.
Call: 360-698-9177

Suquamish

Suquamish Tribe Veterans Office
18490 Suquamish Way NE
Hours: Tues., Wed. 10 am to 2 pm
Call 360-394-8515 for an appointment

Suquamish Warriors Vets Center
6353 NE Middle Street; 360-626-1080
Hours: Thursday 9 am to 1 pm

Required documentation to apply for the Veterans Assistance Fund (VAF)

The VAF is administered through Kitsap Community Resources. KCR also administers a variety of assistance programs for which you might be eligible. If you are eligible, you may be able to receive assistance from both the VAF and participate in other KCR programs. Documentation about your financial position is needed to establish eligibility.

Documentation requirements

- Honorable Discharge: Copy of DD214, VA statement of service, or Certificate of Discharge. General Discharges under honorable conditions are limited to discharges for physical or medical reasons.
- If married, marriage certificate, birth certificates or adoption papers of dependent children.
- Kitsap resident for 60 days.
- Registered with WorkSource or in a recognized training program or school.
- Employed: All check stubs or payroll print out showing gross pay for all household members 18 and older for the previous 90 days.
- Self-employed: Business earnings minus IRS recognized expenses. KCR self-employment form must be completed prior to appointment.
- *Rental Income*: Rental agreement or copy of receipts from your tenant(s).
- Public assistance: Most current award letter/printout showing grant amount.
- Social Security, Veterans Benefits, Pension or Retirement: You must bring a current award letter or copy of checks. If direct deposited for the periods requested, bring bank statement.
- L&I: Print out of payment history. Can be obtained at 10049 Kitsap Mall Blvd NW #100, Silverdale WA 98383. Phone: 360-415-4000.
- No Income? If you claim no income, you must provide a 'work history' from the unemployment office.
- Alimony/Receiving/Paying Child Support: Copy of checks, divorce decree or statement from child support enforcement showing current amount.
- School identification for anyone 18 years or older enrolled in school.
- Copies of Social Security cards for everyone in household.
- Copies of photo ID cards for everyone 18 or older in the household.
- Any overdue/unpaid bills/ eviction notice showing need for assistance.
- For car repair, proof of ownership and current insurance for at least 30 days.

KITSAP COUNTY VETERANS ASSISTANCE FUND APPLICATION

Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Address: _____

Street name and number City State Zip

SERVICE

Branch of Service: _____ Date Entered Service: _____

Date of Discharge: _____ Type of Discharge: _____

Era: Iraq/Afghanistan Gulf War/Bosnia Viet Nam Korea WWII
Other _____

Have you received assistance from the Veterans Assistance Fund before? Yes No

Are you enrolled in VA Health? Yes No

FAMILY:

Marital Status: Married Single Widow/Widower Divorced Other

Spouse or domestic partner's name:

Address if different from yours:

Names, ages, and addresses of children and other persons dependent on you:

Do dependent(s) reside with you? _____ Do you have roommates? _____

Are you working? YES NO Is your spouse working? YES NO

Name of Employer: _____

Address of Employer

Briefly describe the type of assistance you want from this agency: _____

Kitsap County Veterans Assistance Program Net Family Income Budget Calculator

The County Veterans Assistance Fund has income eligibility requirements, which you must document. To help get you through your first appointment in a timely manner, please fill out the information below. You are allowed some deductions to reach income eligibility.

<u>TAXABLE INCOME FOR PAST 90 DAYS</u>	Amount	<u>MONTHLY EXPENSES</u>	Amount
Full /Part Time (Gross, no deductions)	\$ _____	Rent	\$ _____
Self-employed (net)	\$ _____	House Payment	\$ _____
Full or Part Time Spouse/Domestic Partner (Gross, no deductions)	\$ _____	Electricity	\$ _____
Self-employed (net-spouse)	\$ _____	Heat	\$ _____
Reverse mortgage	\$ _____	Sewer & water	\$ _____
Alimony income	\$ _____	Waste Management, Inc.	\$ _____
Property rental	\$ _____	Phone (land line)	\$ _____
Social Security: Veteran	\$ _____	Cell phone 1	\$ _____
Social Security: Spouse	\$ _____	Cell phone 2	\$ _____
Social Security: Widow/er	\$ _____	Internet	\$ _____
Other taxable income	\$ _____	Cable / Satellite TV	\$ _____
		Car 1 payment	\$ _____
		Car 2 payment	\$ _____
		Health insurance	\$ _____
		Food	\$ _____
		Child Support / Alimony (expense)	\$ _____
		Day or child care	\$ _____
		Other regular monthly expenses	\$ _____
TOTAL TAXABLE INCOME	Box A: <input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="\$"/>		
Determine Deductions: Multiply the amount in Box A by <u>20%</u> and put in Box B	Box B: <input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="\$"/>		
Determine Net Taxable Income: Subtract Box B from Box A and place the amount in Box C.	Box C: <input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="\$"/>		
		TOTAL EXPENSES	\$ _____

INCOME CONTINUED ON NEXT PAGE

All non-taxable income must be included in determining your net household income.

**TAXABLE INCOME
FOR PAST 90 DAYS**

Unemployment \$ _____

Retirement \$ _____

Total Unemployment & Retirement Only **Box D** \$ _____

Determine Deduction:

Multiply the amount in Box D by 10 percent and place it in Box E **Box E** \$ _____

Subtract amount in Box E from Box D and place it in Box F **Box F** \$ _____

**ANY NON-TAXABLE INCOME
FOR PAST 90 DAYS**

Social Security: Veteran \$ _____

Social Security: Spouse \$ _____

Social Security: Children \$ _____

Social Security: Widow/er \$ _____

VA Pension \$ _____

VA CRSC \$ _____

Welfare / DSHS Child Care \$ _____

Other \$ _____

TOTAL AMOUNT NON-TAXABLE INCOME **Box G** \$ _____

(no deductions on non-taxable income)

DETERMINE TOTAL NET HOUSEHOLD INCOME

Insert amount from Box C on previous page \$ _____

Insert amount from Box F \$ _____

Insert amount from Box G \$ _____

SUB TOTAL of C+F+G \$ _____

Subtract payouts of child support and/or spousal maintenance from Sub Total (C+F+G) \$ _____

TOTAL NET HOUSEHOLD INCOME \$ _____

YOUR CURRENT HOUSING STATUS

Phone number of landlord or property owner: _____

Name & Address of Property Owner: _____

Name of Landlord or Property Manager: _____

Address: _____

STREET OR PO BOX

CITY

STATE

ZIP

I, the undersigned swear or affirm that the answers to the questions hereon are true and correct and I understand that should they be proven false upon investigation I may forfeit my right to assistance under the Veterans Relief Act of the State of Washington and incur such other penalties as may be prescribed by law.

Signed: _____

(Applicant)

Date

Service Officer Comments:

I, hereby certify that I have made proper investigation of the above request for assistance and recommend payment thereof.

Signed: _____

Service Officer

Post

Date

