

Introduction to the Kitsap County Veterans Assistance Fund Application

Dear Veteran:

The Kitsap County Veterans Assistance Fund (VAF) may help a veteran with limited and temporary assistance who has lived in Kitsap County a minimum of 60 days, properly documented a qualifying emergent need, and meets the established household income threshold. The program may assist veterans supplement emergent basic needs that will help them find a home, remain in their home, obtain a job, or remain employed. Emergent basic needs are generally those required to survive, such as housing, heat, medicine, food, and assure safety of the veteran and their eligible family members. Requirements beyond those necessary for life are important but might not be addressed by the VAF. Short and long term assistance may be met through your referral to, and participation in, other programs that may aid you. More details about the VAF are explained here.

Where to Start

Step one: Calculate the total household income by adding all income received from all sources by you and each person living with you. Compare your gross household income with the totals displayed on this chart:

175% Federal Poverty Level (FPL) 2024 Household Size	Annual Income	Monthly Income
1	\$26,355	\$2,196
2	\$35,770	\$2,981
3	\$45,185	\$3,765
4	\$54,600	\$4,550
5	\$64,015	\$5,335
6	\$74,430	\$6,119
7	\$82,845	\$6,904
8	\$92,260	\$7,688

The results will show you how close you are to meeting the financial eligibility criteria.

Step two: Contact a veteran service officer to establish your eligibility and apply for benefits and programs through the U.S. Department of Veteran Affairs, the Washington State Department of Veteran Affairs, or through local posts or chapters of veteran service organizations. Several are listed on page 2.

Step three: Complete the application and assemble required documents. If you believe you are qualified to access the Veterans Assistance Fund then complete the application and if you need help, ask a service officer to assist you. The service officer will ask you to assemble the <u>required written documentation</u> to support your request, review your application and documents with you, and provide guidance so you can submit the application.

Employment

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 (near the Silverdale Mall). Call 360-516-1001 and ask to speak with a Veteran Specialist. They will give you documentation showing you have registered with them and explain how you might be able to augment your income through work opportunities regardless of physical limitations.

This requirement does not apply under any of the following circumstances:

- You have been determined by a state or federal agency to be fully disabled;
- temporarily disabled for 30 or more days;
- collecting social security; or,
- if you are enrolled in an accredited education program.



Submitting Your Application

Once you have collected all your documents make an appointment with a Kitsap Community Resources (KCR) representative by calling 360-473-2034. If you are working with a veteran service officer and the capability is available, the service officer may also be able to email your application and scanned documents to KCR and/or guide you to one of two drop off locations displayed on page 4. The Veteran Specialist at KCR will determine your eligibility based on your total household income, described emergent need, and application responses. The Veteran Specialist will then process your application for the county Veterans Assistance Fund as well as refer you to other programs to address your longer term needs.

Veterans Assistance Fund application assistance is available at the following locations. Call ahead to schedule an appointment.

Bainbridge Island	Poulsbo
Helpline House	American Legion Post 245
282 Knechtel Way NE	19705 NW Viking Ave
Hours: Mon. thru Fri. 9 am to 5 pm	Suite 2B
Call 206.842.7621 for an appointment	Poulsbo, WA 98370
	360.779.5456
	Hours: Thursdays 10:00 am to 3:00 pm
Bremerton	Silverdale
American Legion Post 149	VFW Post 4992
4922 Kitsap Way	9981 Central Valley Road
Bremerton, Washington 98312	By appointment only.
Thursday 2:30pm to 5:00pm	Call: 360.698.9177
Call for appointment.	
360-337-4811	
Port Orchard	Suquamish
VFW Post 2669	Suquamish Tribe Veterans Office
3100 SE Mile Hill Drive; 360.876.2669	18490 Suquamish Way NE
Call for appointment.	Hours: Tues., Wed. 10 am to 2 pm
Ask for service officer.	Call 360.394.8515 for an appointment.
	Suquamish Warriors Vets Center
	6353 NE Middle Street; 360.626.1080 Hours: Thursday
	9 am to 1pm
	es at the following locations for assistance with copying and
scanning of documents as well as electronic transmission	
3200 SE Rainshadow Court, Port Orchard WA 98366	845 8th St, Bremerton, WA 98337

Appeal Process

If you feel your request was inappropriately denied, first use the grievance procedure available through Kitsap Community Resources. If you still believe your request was inappropriately denied then submit your written request for review of the KCR decision with your application, accompanying documents, and the Kitsap Community Resources grievance decision letter to: Kitsap County Veterans Program Coordinator, 614 Division Street, MS-23, Port Orchard, WA 98366.



KITSAP COUNTY VETERANS ASSISTANCE FUND APPLICATION Fill out your application thoroughly to avoid processing delays.

Name:		_Date of B	irth:		
Phone Number:		_Email:			
Address:					
Street name and number		City	State		Zip
Applicant's age: 🛛 20-34 🔲 35-44	□ 45-59	□ 60-74	□ 75-84	□ 85+	
Gender: 🗆 Female 🛛 Male 🔲 Non-bind 🗌 I Prefer not to say.	ary 🛛 Tran	sgender	☐ Intersex	□Other _	
Applicant's Ethnicity / Race:					
□White / Caucasian	🗆 Ameri	ican Indian	/ Native Ala	skan	
Black / African American INative Hawaiian / Pacific Islander					
🛛 Hispanic / Latino Origin	□ Other	· (please sp	pecify)		
Asian American		se Not to A	nswer		
EMPLOYMENT STATUS					
Are you working? □Yes □No If no, what	is preventing	you from	working?		
If working, how long have you been employe	edş				
Is your spouse working? Yes No					
Are you collecting unemployment? □Yes	No				
Are you on medical leave? 🛛 Yes 🗆] No				
Are you seeking employment? Yes	No				
	No				
Are you looking to make a job change? $\Box Y_{0}$	es 🗆 No				
YOUR CURRENT HOUSING STATUS: Check How long have you lived at the current addre		/n ⊔l Ker		omeless L	JI Share with Others
Do you have roommates? Yes No If you have roommates?		roommate	s are livina w	vith you?	
Are you receiving a housing subsidy or rental	-			//// you:	
What is your rent amount?					
Have you received utility assistance in the pa		J No J Na			
Have you had evictions in the past two years	e ∟res L	No			



FINANCIAL STATUS

Do you have a checking and savings account? \Box Yes	🗆 No	
Do you own and operate a vehicle? 🛛 Yes 🗌 No		

Do you have any outstanding loans or major payments? 🛛 Yes 🛛 No	
Do you currently receive benefits for housing, energy, food or medical? \Box Yes $\ \Box$ No	
Have you missed any payments in the last three months? \Box Yes \Box No	
Are you enrolled in VA Health? \Box Yes \Box No	
Which of these monthly expenses are hard to meet \Box Rent \Box Food \Box Transportation \Box Medical \Box debts: Describe here:	Other

How confident are you with managing your finances? \Box I'm confident. \Box I'm somewhat confident. \Box I need help. Have you received assistance from the Veterans Assistance Fund before? \Box Yes \Box No If yes, when_____

Briefly describe the type of assistance you need from the Veterans Assistance Fund today:___

VERIFICATION DOCUMENTS

Please indicate below with a check mark the documents that are enclosed with your application to support your request(s).

Identification information.

- DD-214 Copy 2 or 4 displaying type of discharge. Request a DD-214:
 - ID for everyone 18 and older in the household.
- □ SSN for everyone in the household
- □ Birth Certificate or proof of birthdate for care recipient(s).
- Proof of residence in Kitsap County for the past 60 days lease, mortgage statement, utility bills.
- Arriage certificate in the case of a family member or widow requesting assistance.

Proof of Income must cover the previous 3 months preceding the application date.

- Employment- paystubs (Request from Employer)
- Unemployment or L& I claim history report (Request from WorkSource office)
- Statement of: SSI, Veterans benefits, Pension, Retirement, Annuity, and 401K
- Public Assistance- History report -TANF /SNAP (Request from DSHS office)
- Proof of alimony or child support (receiving or paying).





Bank statements covering the last 90 days are required if claiming no income.

Supporting Documents

- Rental / Lease Agreement with Eviction or intent to evict and payment plan letters.
- Utility Bills with notice to cut service.
- Auto repair estimate from auto repair to restore vehicle road worthiness.
- Medical/Prescription bills
- Other. Describe___

SUBMITTING YOUR APPLICATION AND SUPPORTING DOCUMENTS.

Is your application complete and have you attached all required documents to support your request(s)? If yes, then you may:

- Email your application and documents to: vaf@kcr.org
- Deliver your application with all documents to one of the following Kitsap Community Resources (KCR) drop off locations at their front desk between the hours of 8:00am and 4:00pm M-F
 - o 3200 SE Rainshadow Court, Port Orchard WA 98366; or
 - 845 8th St, Bremerton, WA 98337

Request that the receptionist date stamp all your documents when dropping off your application.

KCR APPLICATION PROCESSING:

- Your application will be reviewed in the order received.
- Approved invoices will be processed in the order received.
- Voucher requests will be processed 1st and 3rd Tuesday of the month.
- You will be notified by program staff regarding any missing documents, the final decision on your requests, and any other steps you may need to take.

COMMUNICATING WITH KCR REGARDING THE VETERAN'S ASSISTANCE FUND:

- Phone: (360) 473-2034. All calls will be returned as soon as possible.
- Email: vaf@kcr.org

Applicant Certification

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