



## Introduction to the Kitsap County Veterans Assistance Fund Application

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:

200% Federal Poverty Level (FPL) 2025 Household Size	Annual Income	Monthly Income
1	\$31,300	\$2,608
2	\$42,300	\$3,525
3	\$53,300	\$4,442
4	\$64,300	\$5,358
5	\$75,300	\$6,275
6	\$86,300	\$7,192
7	\$97,300	\$8,108
8	\$108,300	\$9,025

### Total Household Income Calculation:

Income Source	Monthly Amount
+ Earned Income (Job)	
+ Retired Pay	
+ Social Security	
+ Disability	
+ Other	
<b>Gross Income Total:</b>	
<b>Income Deductions</b>	
- Earned income minus 20%. (Gross Income X 0.2)	
- Retirement income minus 10%. (Income X 0.1)	
- Unemployment benefit income minus 10%. (Income X 0.1)	
- Medicare premium deduction from social security.	
- Actual payments for child support and spouse maintenance.	
<b>Total Deductions:</b>	
<b>Gross Income minus Total Deductions = Net Household Income</b>	

The results will show you how close you are to meeting the financial eligibility criteria in the income chart above.



**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 3.

**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 required written documentation as displayed at the bottom of page 5 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.**

<p>Bainbridge Island Helpline House 282 Knechtel Way NE Hours: Mon. thru Fri. 9 am to 5 pm Call 206.842.7621 for an appointment</p>	<p>Poulsbo American Legion Post 245 19705 NW Viking Ave Suite 2B Poulsbo, WA 98370 360.779.5456 Hours: Thursdays 10:00 am to 3:00 pm</p>
<p>Bremerton American Legion Post 149 4922 Kitsap Way Bremerton, Washington 98312 Thursday 2:30pm to 5:00pm Call for appointment. 360-337-4811</p>	<p>Bremerton Kitsap County Veterans Center Olympic College, Bldg. 11, Room 104. Schedule an appointment by calling 360-337-4811</p>
<p>Bremerton VFW Post 239 190 Dora Ave. Bremerton, WA 98312 Call for an appointment 360-337-4811</p>	<p>Silverdale VFW Post 4992 9981 Central Valley Road By appointment only. Call: 360.698.9177</p>
<p>Port Orchard VFW Post 2669 3100 SE Mile Hill Drive; 360.876.2669 Call for appointment. Ask for service officer.</p>	<p>Suquamish Suquamish Tribe Veterans Office 18490 Suquamish Way NE Hours: Tues., Wed. 10 am to 2 pm Call 360.394.8515 for an appointment.</p> <p>Suquamish Warriors Vets Center 6353 NE Middle Street; 360.626.1080 Hours: Thursday 9 am to 1pm</p>
<p>You may also visit <b>Kitsap Community Resources</b> offices at the following locations for assistance with copying and scanning of documents as well as electronic transmission of the application to the VAF fund administrator. 3200 SE Rainshadow Court, Port Orchard WA 98366 or 845 8th St, Bremerton, WA 98337 Call 360-473-2034 for more information.</p>	

#### **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 Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street name and number City State Zip

Have you applied to access the Veterans Assistance Fund before? : ☐ Yes ☐ No If yes, date \_\_\_\_\_

Applicant's age: ☐ 20-34 ☐ 35-44 ☐ 45-59 ☐ 60-74 ☐ 75-84 ☐ 85+

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Transgender ☐ Intersex ☐ Other \_\_\_\_\_  
☐ I Prefer not to say.

### Applicant's Ethnicity / Race:

- |   |   |
|---|---|
| <input type="checkbox"/> White / Caucasian        | <input type="checkbox"/> American Indian / Native Alaskan   |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> Hispanic / Latino Origin | <input type="checkbox"/> Other (please specify)             |
| <input type="checkbox"/> Asian American           | <input type="checkbox"/> Choose Not to Answer               |

### EMPLOYMENT STATUS

Are you working? ☐ Yes ☐ No If no, what is preventing you from working? \_\_\_\_\_

If working, how long have you been employed? \_\_\_\_\_

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

Are you seeking training? ☐ Yes ☐ No

Are you looking to make a job change? ☐ Yes ☐ No

**YOUR CURRENT HOUSING STATUS: Check one.** ☐ I Own ☐ I Rent ☐ I Am Homeless ☐ I Share with Others

How long have you lived at the current address? \_\_\_\_\_

Do you have roommates? ☐ Yes ☐ No If yes, how many roommates are living with you? \_\_\_\_\_

Are you receiving a housing subsidy or rental assistance? ☐ Yes ☐ No

What is your rent amount? \_\_\_\_\_

Does your rent include utilities? ☐ Yes ☐ No

Have you received utility assistance in the past? ☐ Yes ☐ No

Have you had evictions in the past two years? ☐ Yes ☐ No



## FINANCIAL STATUS

Do you have a checking and savings account? ☐ 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? ☐ Yes ☐ No

Have you missed any payments in the last three months? ☐ Yes ☐ No

Are you enrolled in VA Health? ☐ Yes ☐ No

Which of these monthly expenses are hard to meet ☐ Rent ☐ Food ☐ Transportation ☐ Medical ☐ Other  
debts: Describe here: \_\_\_\_\_

How confident are you with managing your finances? ☐ I'm confident. ☐ I'm somewhat confident. ☐ I need help.

Have you received assistance from the Veterans Assistance Fund before? ☐ Yes ☐ 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.
- ☐ - Marriage 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](mailto: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
  - 3200 SE Rainshadow Court, Port Orchard WA 98366; or
  - 845 8<sup>th</sup> 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 1<sup>st</sup> and 3<sup>rd</sup> 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 VETERANS ASSISTANCE FUND:**

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



## Veteran Assistance Fund Benefits Distribution Policy

1. **Purpose.** This policy augments the VAF Policies and procedures. As such, it clarifies policy for the distribution of benefits to eligible veterans within a rolling 12-month period. It ensures equitable access while maintaining fund sustainability.

2. **Eligibility & Distribution Cycle.**

- Veterans may receive benefits distributions over a rolling 12-month period.
- The first distribution in a given year marks the start of a rolling 12-month period.
- A veteran must wait 12 months from the date of their first distribution before accessing benefits in the second year.
- After receiving distributions for two consecutive years, the veteran **must "sit out" a full year from the date of their last distribution in the second year** before reapplying for benefits.

3. **Distribution Schedule Example.**

Year	First Distribution Date	Last Distribution Date	Next Eligible Date
Year 1	March 1, 2024	December 1, 2024	March 1, 2025
Year 2	April 1, 2025	November 1, 2025	November 1, 2026 (after sit-out)
Year 3	N/A (sit-out year)	N/A	November 1, 2026
Year 4	January 1, 2027	December 1, 2027	January 1, 2028

4. **Key Provisions.**

- Each benefit distribution must be substantiated by documentation provided to the VAF administrator.
- The rolling 12-month period begins from the first distribution date each year.
- After two consecutive years of receiving benefits, a full 12-month sit-out period is required before reapplying.
- The 12-month sit-out period starts from the last distribution date in the second year.

5. **Compliance & Enforcement.**

- Any violation of the policy, including attempts to circumvent the sit-out period, may result in temporary or permanent disqualification from benefits as determined by the Veteran Program Coordinator.
- Appeals may be submitted to the Veteran Program Coordinator through the VAF Administrator for review under exceptional circumstances.

Veteran Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_



## Information Privacy And Personal Information Release Statement:

I, (State Full Name) \_\_\_\_\_,

hereby authorize the release of my personal information as provided in this form. I understand that the information disclosed may include, but is not limited to, my:

Full Name

Address

Contact Information

**Purpose of Release:** This information is being released for the purpose of establishing eligibility to access the Kitsap County Veterans Assistance Fund, coordinate services between community service providers, and allow follow up by Kitsap Community Resources and Kitsap County representatives to assess client satisfaction and overall program effectiveness.

**Recipient of Information:** I authorize the release of this information to employees of Kitsap Community Resources, representatives of Kitsap County, and representatives of local community service providers where I may be referred for services.

**Duration of Authorization:** This authorization is valid from the date of my signature below for a period of 24 months unless otherwise revoked in writing.

**Revocation of Authorization:** I understand that I have the right to revoke this authorization at any time. To revoke, I will provide written notice to [Vaf@kcr.org](mailto:Vaf@kcr.org) or by mail to the Veterans Assistance Fund Administrator, 3200 Rainshadow Court, Port Orchard, WA 98366.

**Voluntary Consent:** I acknowledge that the release of this information is voluntary, and I am under no obligation to provide this consent. I understand that my refusal to release this information may affect the processing of my application for assistance.

**Security Measures:** I trust that reasonable measures will be taken to safeguard the confidentiality and integrity of the released information.

**Legal Disclaimer:** I release Kitsap Community Resources, Kitsap County, and community resource providers where I may receive services from any liability arising from the release and use of my personal information, provided such release is in good faith and in accordance with applicable laws.

By signing below, I confirm that I have read and understand the terms of this release, and I voluntarily authorize the release of my personal information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_