

COMMONWEALTH OF PENNSYLVANIA-DEPARTMENT OF MILITARY AFFAIRS

BUREAU FOR VETERANS AFFAIRS-FORT INDIANTOWN GAP, ANNVILLE, PA 17003-5002

APPLICATION FOR VETERANS' EMERGENCY ASSISTANCE

APPLICATION MUST BE FULLY COMPLETED. EVERY BLANK MUST HAVE AN ENTRY (UNLESS SPECIFIED OTHERWISE) OR APPLICATION AND OBTAINNING RECORDS NECESSARY TO VERIFY THE INFORMATION PROVIDED. DISCLOSURE OF THE SOCIAL SECURITY NUMBER IS **VOLUNTARY**. HOWEVER, FAILURE TO DISCLOSE MAY RESULT IN DELAYS OR DIFFICULTIES IN PROCESSING THE APPLICATION. **AUTHORITY – Act 1988-60.**

DATE _____
PRINT CLEARLY OR TYPE ALL INFORMATION
SECTION I – PERSONAL DATA PHONE NUMBER _____

1. Name of Veteran _____
(Last) (First) (Middle)

2. Address _____
(No & Street) (City, State & Zip Code) (County)

3. Is veteran a legal resident of Pennsylvania? Yes _____ No _____ Verified _____

4. Date of Birth _____ Date of Death (If Applicable) _____

5. Marital Status – Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

6. Social Security Number _____ . DVA Claim # _____

7. Service Data:
(A) Branch of Service _____ (B) Service Number _____
(C) Date of Entry into Active Service _____ Date of Discharge _____
(Month) - (Date) - (Year) (Month) - (Date) - (Year)

(E) Was Military Discharge or Release under Honorable Condition? _____ And Verified _____

8. (A) Name of Spouse _____
(First) (Middle Initial) (Maiden)

(B) Address If different from #2 _____
No. & Street City, State, & Zip Code County

(C) Date Of Birth _____ (D) Social Security # _____
(Month) - (Date) - (Year)

(E) Is Spouse a Legal Resident of Pennsylvania (Yes) _____ No _____ Verified _____

9. Number of Minor Children Actually Living with Applicant _____
Ages of these Children _____, _____, _____, _____, _____, _____, _____

If not living with the applicant is applicant paying current child support? Yes _____ No _____ Attach a copy of Court order.

SECTION II – Present Emergency (Definition of Loss of Income on Reverse of MA – VA 17)

10. Reason for present Emergency. Please be specific and provide details concerning the cause(s)

11. (A) If work related, has applicant filed for unemployment compensation? Yes _____ No _____ .
(B) If due to illness / Injury, has applicant filed for Workman's Compensation? Yes _____ No _____ .
(C) Exhausted all Sick Benefits? Yes _____ No _____ . (D) Is applicant Hospitalized? Yes _____ No _____ .
Date of Admission _____ . (E) Is applicant Disable Yes _____ No _____
Date Disability commenced _____ .

SECTION III – EMPLOYMENT

12. (A) Name and complete address of Veteran's last employer _____

(Name) (No. & Street) (City, State, Zip Code) (Telephone #)
(B) Date and net amount of veterans last income _____
(Month) (Day) (Year) (Amount)
(C) Source of income if not from Employer listed in Item # 12 A _____

13. (A) Name and complete address of Spouse's, Widow's / Widower's Last Employer _____

(Name) (No. & Street) (City, State, Zip Code) (Telephone #)
(B) Date and net amount of veterans last income _____
(Month) (Day) (Year) (Amount)
(C) Source of income if not from Employer listed in Item # 13 A _____

14. How has applicant maintained himself / herself / family since receiving last income listed under item # 12 (B) and or item 13 (B) _____

SECTION IV INCOME

15. All current monthly income received in household must be listed:

Union Benefits _____	Spouse's Employment (Net) _____
Insurance (Sick Benefits) _____	Unemployment Compensation _____
Workman's Compensation _____	Welfare (Cash Assistance) _____
Rental Income _____	Veterans Administration _____
Annual or Sick Leave _____	Retirement _____
Life Insurance _____	Applicant Social Security _____
Interest (Source) _____	Spouse's Social Security _____
Self Employment (Net) _____	Supplemental Security (SSI) _____
Other _____	

SECTION V – ESTIMATED MONTHLY EXPENSES

16. Food & Dairy \$ _____

Shelter (Rent or Payment on Property) \$ _____

Fuel (Coal, Oil, Gas, Electric) \$ _____

Shoes & Clothing \$ _____

Medical, out of Pocket (documented) \$ _____

TOTAL ABOVE MONTHLY EXPENSES \$ _____

17. I hereby authorize attending Physician or Hospital to release information concerning my employability, and the Department of Public Welfare, County Board of Assistance, U.S. Department of Veterans Affairs, Employer, Bureau of Employment Security, Workmens Compensation Bureau, Social Security Administration, Insurance Company, or Union, to release all requested information pertaining to benefits I may be entitled to or receiving to the Bureau for Veterans Affairs. It is understood that the information provide will be considered confidential and used only for determining eligibility for Veterans Emergency Assistance.

Applicant's Signature Date

READ THIS NOTICE BEFORE SIGNING:

18. The law provides severe penalties, including fines and imprisonment for perjury or making false statements on official forms such as this applicant for Veterans' Emergency Assistance. In addition, it is a crime for a person to make false or misleading statements in order to obtain property, including Veteran's Emergency Assistance Payments. Ref: Section 4904 of the Crimes Code, 18Pa. C.S.A.

SECTION VI – CERTIFICATION:

19. THIS CERTIFICATION MUST BE SIGNED BY THE APPLICANT:

_____ Does certify that he or she (or a person acting under his or her direction) has prepared this application for Veterans' Emergency Assistance. That he or she has carefully read this application, that the information contained on the application was given voluntarily, and that the statements and information contained in this application (both written and printed) are true and correct.

Signature of Applicant

SECTION VII – COUNTY ASSISTANCE OFFICE (Department of Public Welfare):

NOTICE TO SUBMITTING OFFICAL OF APPLICATION, PLEASE INSURE FOLLOWING INFO IS COMPLETED PRIOR TO SUBMISSION OF APPLICATION.

Is veteran, spouse, children, widow, widower or parents at same address as applicant in receipt of cash assistance from your Department? _____

(Yes) (No)

If not receiving cash assistance from Public Welfare, has application been filed for cash assistance? _____

(Yes) (No)

DATE AND AMOUNT OF LAST CASH ASSISTANCE

(Month) (Day) (Year) (Amount)

Signature

Title

Phone No.

SECTION VIII – OFFICE SUBMITTING APPLICATION

Jurat Stamp / Notary _____

20. Signature of Official _____

Print Name & Position _____

Organization _____

Mailing Address _____

Telephone Number where you can be reach _____

21. Submit any additional information you or applicant desire to provide. If one so indicate _____
Please ascertain that applicable items have been completed.

21. Additional information of explanation _____

SECTION IX

BUREAU FOR VETERANS AFFAIRS
Definition of Loss of Income,
Sudden or Unexpected, and Financial Need
In Accordance with Act 1988-60 Title 51 of the Pennsylvania
Consolidated Statutes

The BVA defines a loss of income as a reduction in income including but not limited to salaries, wages, bonuses, commissions, income from self-employment, support money, cash, disability and the gross amount of pensions or annuities including railroad retirement benefits; all benefits received under the Federal Social Security Act, realized capital gains, rentals, workmen's compensation. This term may not include surplus food or other relief in kind supplied by a government agency. Saving accounts and bonds shall be included and interest received from the investments and other sources of income such as capital funds and monetary support from relatives shall be included. The BVA defines sudden or unexpected as a loss of income from any one of the sources listed above, within 180 days.