

WORKSHEET

COUNTY VETERANS AID FUND
SARPY COUNTY VETERANS SERVICE OFFICE
SARPY COUNTY EAST ANNEX BUILDING
1261 GOLDEN GATE DRIVE, BOX 1520
PAPILLION, NE 68046-2887

All information requested on this worksheet is required to complete your application for emergency assistance from the County Veterans Aid (CVA) Fund.

You must bring the following documents, indicated by the checked boxes, to your appointment. We will copy your original documents as needed. All originals will be returned to you.

If you do not bring this completed worksheet and all required documents with you to your appointment you may have your appointment rescheduled or cancelled.

- This completed worksheet and your driver's license *or* government issued photo ID
- Documentation of your military service (DD Form 214/Separation from Service). Must be original member 4 copy or certified copy of member 4 of your DD form 214
- Any documentation you deem necessary to support your unforeseen emergency and immediate need for emergency assistance
- Proof of current and/or past income (wage/earnings statements, pay stubs or other documents) from all employers/sources for all members of your household for the past 60 days. Include self-employment, rental income, retirement pay, Social Security, VA compensation, etc.
- Most recent bank account and retirement account statements *and/or* net worth documentation
- Current unpaid utility bills received (OPPD, MUD, Black Hills, Cox, CenturyLink, sewer & water, sanitation, etc.). Utilities disconnect notice or shut-off notice
- Current mortgage payment statement/coupon *or* rental lease agreement/paid rent receipt
- Statement from previous employer of your termination/employment status
- Unemployment eligibility: Notice of Adjudicator's Determination or Notice of Monetary Determination from Nebraska Workforce Development office

After completing this worksheet and obtaining all documentation, call 593-2203 to schedule an appointment to complete your application for emergency assistance from the CVA Fund.

SARPY COUNTY VETERANS AID FUND GUIDELINES

The County Veterans Aid (CVA) Fund is intended as a *temporary emergency fund* to assist eligible Veterans and their dependents in time of need due to an *unforeseen emergency*. A temporary emergency may include a proposed loss of utilities, shortage of food or need for housing. An unforeseen emergency may include the disruption of income, loss of benefits or an act of God. Use of all other available resources such as savings, and assistance from family and friends will be considered before applying for CVA.

Military Service

Active duty military service separation or discharge must have been under Honorable or General (*under Honorable Conditions*) and must be during a Wartime period as defined by [Revised Nebraska Statute 80-401.01](#)

Residency

Residency required in the State for the past year and proof of residency in Sarpy County for six (6) months immediately prior to submitting an application, as defined by Nebraska Statute. ([Residency for Tax Purposes](#))

Applicants

The Veteran must file the application. When the Veteran is unable to file due to incapacity, incompetency or death, the spouse/surviving spouse or dependent may file an application. The spouse/surviving spouse or dependent must prove their relationship to Veteran through marriage documentation or birth certificate showing Veteran's name and name of applicant.

Application

CVA Fund applications shall be made on the County Veterans Aid form provided by the Sarpy County Veterans Service Office. ([CVA Worksheet](#))

Expenditure

The CVA funds may be awarded for a one-time payment in an amount to satisfy current utilities, disconnect/shut-off notice, and/or food, and shelter.

Approved Application

The applicant will be notified if an award and an amount have been approved by the Sarpy County Veterans Service Office.

- 1) Approved applications for utilities, disconnect/shut-off notices, and/or shelter payments are sent directly to the utility, creditor or business, NOT the applicant. Proof of payment may be requested.
- 2) Approved applications for food are in the form of a food gift card issued to the applicant. Register receipts for food purchases may be required to be returned to the Sarpy County Veterans Service Office.

Disapproved Application

The applicant may appeal a disapproved application to the Chairman of the Veterans Service Committee. Appeals must be in writing stating reasons to grant the application and submitted within 10 days of a disapproved application. Applications disapproved by the Chairman of the Veterans Service Committee are final and are cancelled.

Additional Resource Information

Applications for emergency assistance may also be considered for submission to the Nebraska Veterans Aid Fund (NVA), administered by the State of Nebraska Department of Veterans Affairs. (NDVA)

PLEASE
PRINT

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PAPILLION, NE 68046-2887

Part I – WHAT PROMPTED THIS EMERGENCY?

Have your earnings from employment / self-employment been interrupted? Yes () - No ()

Have any dependents' earnings from employment / self-employment been interrupted? Yes () - No ()

Explain your **unforeseen emergency** which prompts this request for emergency financial assistance.

Use additional page(s) as necessary to describe your emergency

LIST ALL DATES AS: Month - MM, Day - DD, Year - YYYY

When did this **unforeseen emergency** begin? **Date** ____/____/____

CVA funds may be used for utilities, food, and housing

What expenses are you requesting and what amount is needed to satisfy your current monthly expense?

Expense Item _____ Amount Requested \$ _____

Part II – APPLICANT IDENTIFICATION

Full Name of Veteran	Social Security Number	Date of Birth ____/____/____	Date of Death ____/____/____
Name of Applicant (if other than Veteran)	Social Security Number	Date of Birth ____/____/____	Date of Death ____/____/____
Residence address / Mailing address		City NE	Zip Code
Have you applied for CVA funds before? Yes () - No ()	Date Previously Applied ____/____/____	Home Phone	Other Phone

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Part III – FINANCIAL STATEMENT

List <u>all</u> income from <u>all</u> sources received by you and your dependents for the CURRENT MONTH & TOTAL FOR PAST 6 MONTHS			List CURRENT MONTHLY EXPENSES (actual expenditures – NOT averages) & TOTAL DEBT		
Source	Current Month Amount	Total Last Six Months	Monthly Expense / Liability	Total Debt or Past Due	Current Month's Payment
NE Veterans Aid Fund			Mortgage / Rent		
County Veterans Aid			Food		
Aid to Dependent Children			OPPD		
Child Support / Alimony			MUD		
VA Compensation / Pension			Aquila/Black Hills		
VA Education Benefits			CenturyLink		
DIC/VA Pension (Dependent)			Cox Cable		
IRA Distributions			Cell Phone		
Military Retirement (Veteran)			Trash Service		
Civilian Retirement (Veteran)			Transportation / Gas		
Retirement (Dependent)			Health Insurance		
Social Security (Veteran)			Life Insurance		
Social Security (Dependent)			Auto Insurance		
Energy Assistance			Second Mortgage		
Unemployment Start Date ____/____/____ End Date ____/____/____ Weekly Amount \$ _____			Bank Loan		
			Auto Loan		
Workmen's Compensation			All Credit Cards		
Food Stamps			Auto Repairs		
Pawn / Loan Shops			Medical / Co-pays		
Personal Loans			Dental / Rx Meds		
Friends & Family			Child Care / Support		
List all Others			Student Loans		
			Personal Items		
			Other _____		
			Other _____		
TOTALS	\$ _____	\$ _____	TOTALS	\$ _____	\$ _____

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Part IV – HOUSEHOLD INCOME

VETERAN’S EARNED INCOME/WAGES/SELF EMPLOYMENT INCOME

Last / Current Employer’s Name City & State	Date Work Began MM / DD / YYYY	Date Work Ended MM / DD / YYYY	Gross Monthly Earnings (Before any Deductions)	Net Monthly Earnings (After Taxes & Other Deductions)	Total Gross Earnings for Past 6 Months
Veteran’s Employment Information	<u>Gross Earnings for Past 30 Days</u> \$ _____		<u>Net Earnings for Past 30 Days</u> \$ _____		
<u>Date of Last Check</u> ____/____/____ MM / DD / YYYY	Last Check Gross	\$ _____	Last Check Net	\$ _____	
<u>Date of Pending Check</u> ____/____/____ MM / DD / YYYY	Pending Check Gross	\$ _____	Pending Check Net	\$ _____	

DEPENDENTS’ EARNED INCOME/WAGES/SELF EMPLOYMENT INCOME

Last / Current Employer’s Name City & State	Date Work Began MM / DD / YYYY	Date Work Ended MM / DD / YYYY	Gross Monthly Earnings (Before any Deductions)	Net Monthly Earnings (After Taxes & Other Deductions)	Total Gross Earnings for Past 6 Months
Dependents’ Employment Information	<u>Gross Earnings for Past 30 Days</u> \$ _____		<u>Net Earnings for Past 30 Days</u> \$ _____		
<u>Date of Last Check</u> ____/____/____ MM / DD / YYYY	Last Check Gross	\$ _____	Last Check Net	\$ _____	
<u>Date of Last Check</u> ____/____/____ MM / DD / YYYY	Pending Check Gross	\$ _____	Pending Check Net	\$ _____	

Determine the amount you need to meet current month’s expenses

Total household income from all sources for past 30 days \$ _____	Total household expenses for current month expenditures \$ _____	DIFFERENCE (your loss, if any) \$ _____
Total Liabilities \$ _____	Total Assets \$ _____	Net Worth \$ _____

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Part V -YOUR HOUSEHOLD ASSETS

	Value		Value
Home		Money Owed to You	
(1) Automobile/Van		Farmland & Equipment	
(2) SUV/Pickup		Livestock & Grain	
(3) Other _____		Rental Property	
Amounts in Cash, Checking, & Savings Account Balances		Business Property	
CDs/Stocks/Bonds/Mutual Funds		Boat, Camper, Motorcycle	
401K / 457 Plan / IRAs		Any Other Property Except Household Goods	
Other Assets _____		TOTAL ASSETS	\$ _____

Provide the following information for each vehicle

Make / Model	Year	State of Registration	License Plate Number
(1)			
(2)			
(3)			

PART VI - DISABILITY

Do you have a disability/conditions? Yes () No ()	Date Disability Began	Temporary ()
List your conditions:	_____ / _____ / _____ MM / DD / YYYY	or Permanent ()

Part VII - MARITAL STATUS AND DEPENDENTS

Single () Married () Widowed () Divorced () Separated ()	Date of Marriage _____ / _____ / _____ MM / DD / YYYY	Place of Marriage (City & State)
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Provide information for all dependents who reside in your household. Include those ages 18 to 23 who attend school full time.

First Name - Middle Name - Last Name	Date of Birth MM / DD / YYYY	Relationship to Veteran

Attach your own additional sheets if necessary