

# WORKSHEET

## NEBRASKA VETERANS AID FUND

SARPY COUNTY VETERANS SERVICE OFFICE  
SOUTHEAST COURTHOUSE ANNEX  
1261 GOLDEN GATE DRIVE, SUITE 5E  
PAPILLION, NE 68046-2884

All information requested on this worksheet is required to complete your application for assistance from the State of Nebraska Veterans Aid (NVA) Fund.

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

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.

- This completed worksheet and your driver's license or government issued photo ID
- Documentation of your military service (DD Form 214/Separation from Service)
- 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
- Proof of past and current income (wage/earning 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.
- Current mortgage payment statement/coupon or rental lease agreement/paid rent receipt
- Latest unpaid utility bills received (OPPD, MUD, Aquila, COX, Qwest, Sanitation, etc.)
- Most recent bank account and retirement account statements or net worth documentation
- If application is for burial/medical assistance, provide detailed unpaid itemized statements of all burial/medical expenses and records of all payments to include life/Social Security/health insurance/Medicare/Medicaid and DEATH CERTIFICATE.  
Complete attached Appendix I or G (see attached).

After completing this worksheet, call 593-2203 to schedule an appointment to complete your application for NVA assistance. Your completed application and required documentation will be forwarded to the Nebraska Department of Veterans Affairs.

**A decision on your application may take up to 10 work days.**

# NEBRASKA VETERANS AID FUND RULES AND REGULATIONS

**Veterans Qualifying Military Service includes either Honorable or General (*under Honorable Conditions*) separation or discharge from active duty during either Wartime or Peacetime periods. Applicant must provide Proof of residency in the state of Nebraska before applying.**

001 The Nebraska Veterans Aid Fund is intended as a *temporary emergency fund* to assist eligible Veterans and their dependents in time of need when an *unforeseen emergency* occurs disrupting their orderly method of living and funds available from constituted sources such as private resources (earned income, savings, loans, etc.), regular relief fund or agencies, pension, compensation, insurance, unemployment compensation and sick benefits, etc., are NOT sufficient for their *immediate needs*. The emergency deemed to exist as a condition to payment of aid from the Fund shall mean a condition including the following factors:

001.01 Circumstances exist requiring immediate expenditure of funds for *Housing, Food, Utilities, Medical or Surgical aid, care or relief or Funeral expenses* which are NOT available through constituted sources.

001.02 Applicant's resources are *insufficient* to meet the need without jeopardizing future security.

002 Aid will NOT be granted to Veterans whose emergency is caused by *violation of law or misconduct*, and as a general rule, will NOT be furnished to families of such Veterans.

003 Aid may normally be granted for a period of NOT to exceed *sixty (60) days* depending on the circumstance in each individual case.

004 Voluntary unemployment or refusal to work does NOT *constitute an emergency* causing need unless applicant would suddenly be confronted with illness or other situations which might occur at any time, even if still pursuing employment of the sort customarily followed or for which suited.

005 Grants of aid by the Department are to be made for the payment of *current expenses* and prospective applicants should NOT incur liabilities in the expectation of securing a grant from Fund.

007 The Fund is NOT intended to pay all of an applicant's medical or hospital expenses, but it can be used to assist and participate with other sources to help alleviate such need.

010 *Membership* in a Veteran's organization is NOT necessary to apply or receive aid from this Fund.

011 Application shall be made on the *application form prescribed* and provided by the Director. The applicant shall answer all questions and furnish the information requested and sign the application form before competent authority. Only when a Veteran is absent, physically unable, incompetent or deceased should application be filed by another member of the family, and the reason therefore should be shown on the application.

012 On *approved* applications, checks are drawn in the name of the applicant. The applicant is notified by mail in all cases where an allowance has been made and that the check has been mailed to the local service officer. Subsequent applications require evidence of previous grant expenditures.

013 On *disallowed* claims, the Director will reconsider the application upon request made by the *applicant* if filed within *ten (10) days* after date of mailing the decision notice and providing additional information or evidence pertinent to the case is submitted which might warrant a different decision.

PLEASE  
PRINT

# WORKSHEET

## NEBRASKA VETERANS AID (NVA) FUND

PLEASE  
PRINT

SARPY COUNTY VETERANS SERVICE OFFICE  
1261 GOLDEN GATE DRIVE, SUITE 5E  
PAPILLION, NE 68046-2884

### 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 financial assistance \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

When did this **unforeseen emergency** begin? **Date** \_\_\_\_\_  
LIST ALL DATES AS MM / DD / YYYY

**NVA funds may be used only for housing, food, utilities and medical / funeral expenditures**

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

Expense Item _____	Amount Requested \$ _____
Expense Item _____	Amount Requested \$ _____
Expense Item _____	Amount Requested \$ _____
Expense Item _____	Amount Requested \$ _____
Expense Item _____	Amount Requested \$ _____
Expense Item _____	Amount Requested \$ _____
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 before? Yes ( ) - No ( )	Date Previously Applied	Home Phone 402-	Other Phone 402-

# WORKSHEET

## NEBRASKA VETERANS AID (NVA) FUND

### Part III – FINANCIAL STATEMENT

List <u>all</u> income from <u>all</u> sources received by you and your dependents for the PAST 6 MONTHS			Current monthly expenses and liabilities (actual expenditures – NOT averages)		
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		
VA Education Benefits			QWest		
VA Pension (Dependent)			Cox Cable		
DIC			Cell Phone		
Military Retirement			Trash Service		
Veteran's Civilian Retirement			Transportation / Gas		
Spouse's Retirement			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			Day Care		
List all Others			Child Support		
			Student Loans		
			Personal Items		
			Other _____		
<b>TOTALS</b>	\$ _____	\$ _____	<b>TOTALS</b>	\$ _____	\$ _____

# WORKSHEET

## NEBRASKA VETERANS AID (NVA) FUND

### Part IV – HOUSEHOLD INCOME

#### VETERAN’S EMPLOYMENT / EARNED 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 <b>Past 6 Months</b>
<b>Veteran’s Employment Information</b>	<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	<b>Last Check Gross</b>	\$ _____	<b>Last Check Net</b>	\$ _____	
<u>Date of Pending Check</u> _____ MM / DD / YYYY	<b>Pending Check Gross</b>	\$ _____	<b>Pending Check Net</b>	\$ _____	

#### DEPENDENTS’ EMPLOYMENT / EARNED 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 <b>Past 6 Months</b>
<b>Dependents’ Employment Information</b>	<u>Gross Earnings for Past 30 Days</u> \$ _____		<u>Net Earnings for Past 30 Days</u> \$ _____		

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

<b>Total household income from all sources for past 30 days</b> \$ _____	<b>Total household expenses for current month expenditures</b> \$ _____	<b>DIFFERENCE (your loss, if any)</b> \$ _____
---	--	---

# WORKSHEET

## NEBRASKA VETERANS AID (NVA) FUND

### Part V - YOUR HOUSEHOLD ASSETS

	Value		Value
Home		Money Owed to You	
Automobile / Van		Farmland	
Pickup / Truck		Livestock	
Auto / Van / Truck / SUV		Grain	
Amounts in Cash, Checking, & Savings Accounts		Farming Equipment	
Stocks / Bonds / Mutual Funds		Business Property	
401K / 457 Plan / IRAs		Any Other Property Except Household Goods	
Other Asset _____		<b>TOTAL ASSETS</b>	\$ _____

#### Provide the following information for each vehicle

Year	Make / Model	State of Registration	License Plate Number

### PART VI - DISABILITY

Your Disability Condition(s)	Date Disability Began  _____ / _____ / _____ MM / DD / YYYY	Temporary ( ) or Permanent ( )
------------------------------	--	--------------------------------------

### Part VII - MARITAL STATUS AND DEPENDENTS

Single ( ) Married ( ) Widowed ( ) Divorced ( ) Separated ( )	Date of Marriage  _____ / _____ / _____ MM / DD / YYYY	Place of Marriage (City & State)
--	---	----------------------------------

#### 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 additional sheets if necessary**