



## Public Health and Social Services Veterans Assistance Program

Phone: (360) 867-8236

E-mail: [TCVeterans@co.thurston.wa.us](mailto:TCVeterans@co.thurston.wa.us)



### Application for Assistance

**COMPLETE ALL SECTIONS ON BOTH SIDES OF THIS APPLICATION**  
**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

#### 1. Have you previously requested assistance from the Veterans Assistance Program?

☐ No (skip to 2) ☐ Yes How many times? \_\_\_\_\_ Date of last assistance request: \_\_\_\_\_

#### 2. What type of assistance are you requesting?

Type	Amount Requested

#### 3. List everyone living in the home full-time (use a second application if needed)

Relationship to Applicant	Last Name	First Name	Date of Birth
Self			

#### 4. List all monies being received by all adults in the home, including DSHS Benefits (TANF/Food)

Last Name	First Name	Type of Income	Total Monthly Income

5. **Statement of Need** – This program is intended for emergency, one-time assistance. Please describe, **in detail**, what caused the need for assistance and how the expense(s) will be covered moving forward.

I, the undersigned, certify that the information provided in this application is true and accurate. If it is determined that any information given is false or that fraud, criminal activity, or misuse of funds has occurred, the Veteran and/or Applicant may be ineligible to receive assistance from the Veterans Assistance Program for up to 10 years.

I authorize the Veterans Assistance Program to verify all information contained in this application and agree to provide any necessary documentation as proof of the information. The information in this application may be released to other agencies to assist in the verification of information or to provide other resources for assistance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Representative Signature

\_\_\_\_\_  
Date

**--- OFFICE USE ONLY ---**

**Eligibility Documentation Provided**

Type of Photo Identification: \_\_\_\_\_

Proof of Veteran Status: \_\_\_\_\_

Proof of WA State Residency: \_\_\_\_\_

Proof of County Residency: \_\_\_\_\_