



## Introduction to the Kitsap County Veterans Assistance Fund

Dear Veteran,

The Kitsap County Veterans Assistance Fund (formerly known as the Soldiers and Sailors Relief Fund) provides temporary assistance to veterans in financial crisis. You can start the process at a location near you listed below.

Please use the following suggestions to make the process as effective as possible, and to maximize programs available to you and your family.

Your local Veteran Service Officer is very knowledgeable about the variety of opportunities that may be available to you.

The service officer is an expert on applying to the county's Veterans Assistance Fund.

The service officer's role is to help you prepare your application and to serve as your advocate if needed.

### Where to Start

Step one: Ask the service officer if you might be eligible for benefits from the US Department of Veteran Affairs, the Washington State Department of Veteran Affairs, or through local posts or chapters of veteran service organizations.

Step two: Ask the service officer to help you apply to the county assistance fund.

Under Step two, the service officer will ask you to provide required written documentation to support your request.

The more documentation you can provide, the faster your application can be processed. Your efforts could result in up to \$900 in services – *and you might be eligible for non-veteran services at other agencies!* However, any award amount is based on need.

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 1300 Sylvan Way in Bremerton (across the street from the Kitsap County Library). They will give you documentation to prove you have registered with them.

This requirement does not apply under any of the following circumstances:

- if 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.

Once you have collected all your paperwork, the service officer will review it and help you make an appointment with Kitsap Community Resources (KCR). KCR will make a determination of your eligibility and process your application for the county Veterans Assistance Fund AND/OR several other programs they provide.

Appeal process: If you feel you have been inappropriately denied funding, consult with your service officer if you should file an appeal.



## Kitsap County Veterans Assistance Program

### Where to apply for the county program

You need to start the application process at one of the following locations:

#### **Bainbridge Island**

*Helpline House*  
282 Knechtel Way NE  
Hours: Mon. thru Fri. 9 am to 5 pm  
Call 206.842.7621 for an appointment

#### **Bremerton**

*DAV, Chapter 5*  
2315 Burwell Avenue; 360.373.2397  
Hours: Mon., Tues., Wed. 9 am to 2 pm  
Ask for service officer

#### **Port Orchard**

*VFW Post 2669*  
3100 SE Mile Hill Drive;  
360.876.2669  
Hours: Tues. Noon to 4 pm  
Ask for service officer

#### **Poulsbo**

*American Legion Post 245*  
19068 Jensen Way; 360.779.5456  
Hours: Thursdays 10:00 am to 3:00 pm

#### **Silverdale**

*VFW 4992*  
9981 Central Valley Road  
By appointment only.  
Call: 360.698.9177

#### **Suquamish**

*Suquamish Tribe Veterans Office*  
18490 Suquamish Way NE  
Hours: Tues., Wed. 10 am to 2 pm  
Call 360.394.8515 for an appointment

*Suquamish Warriors Vets Center*  
6353 NE Middle Street; 360.626.1080  
Hours: Thursday 9 am to 1 pm



## REQUIRED DOCUMENTATION FOR VETERANS ASSISTANCE FUND (VAF)

The VAF is administered through Kitsap Community Resources. KCR has also received funding to run a variety of programs for which you might be eligible. If you are eligible, you may be able to receive funding from both the VAF and KCR programs.

### Documentation requirements for the past 90 days

- Honorable Discharge: Copy of DD214, VA statement of service, or Certificate of Discharge. General Discharges under honorable conditions are limited to discharges for physical or medical reasons.
- If married, marriage certificate, birth certificates or adoption papers of dependent children.
- Kitsap resident for 90 days.
- Registered with WorkSource or in a recognized training program or school
- Employed: All check stubs or payroll print out showing gross pay for all household members 18 and older for the 90 day period.
- Self-employed: Business earnings minus IRS recognized expenses. KCR self-employment form must be completed prior to appointment. *Rental Income*: Rental agreement or copy of receipts from your tenant.
- Public assistance: Most current award letter/printout showing grant amount.
- Social Security, Veterans Benefits, Pension or Retirement: You must bring a current award letter or copy of checks, If direct deposited for the periods requested, bring bank statement.
- L&I: Print out of payment history. Can be obtained at 500 Pacific Ave St #400 in Bremerton. Phone: 415-4000.
- No Income? If you claim no income, you must provide a 'work history' from the unemployment office.
- Alimony /Receiving/Paying Child Support: Copy of checks, divorce decree or statement from child support enforcement showing current amount.
- School identification for anyone 18 years or older enrolled in school
- Copies of Social Security cards for everyone in household
- Copies of photo ID cards for everyone 18 or older in the household
- Any overdue/unpaid bills/ eviction notice showing need for assistance
- For car repair, proof of ownership and current insurance for at least 30 days



# KITSAP COUNTY VETERANS ASSISTANCE FUND APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_

**Street name and number**                      **City**                      **State**                      **Zip**

### SERVICE

Branch of Service: \_\_\_\_\_ Date Entered Service: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Era: Iraq/Afghanistan     Gulf War/Bosnia     Viet Nam     Korea     WWII

Other \_\_\_\_\_

Have you received assistance from the Veterans Assistance Fund before? Yes     No

Are you enrolled in VA Health? Yes     No

### FAMILY:

Marital Status: Married     Single     Widow/Widower     Divorced     Other

Spouse or domestic partner's name: \_\_\_\_\_

Address if different from yours: \_\_\_\_\_

Names, ages, and addresses of children and other persons dependent on you: \_\_\_\_\_

Do dependant(s) reside with you? \_\_\_\_\_ Do you have roommates? \_\_\_\_\_

Are you working?    YES     NO                       Is your spouse working?    YES                       NO

Name of Employer: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Briefly indicate what type of assistance you want from this agency: \_\_\_\_\_

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

## Kitsap County Veterans Assistance Program Net Family Income Budget Calculator

The County Veterans Assistance Fund has income eligibility requirements, which you will eventually have to document. To help get you through your first appointment in a timely manner, please fill out the information below. You are allowed some deductions to reach income eligibility.

<u>TAXABLE INCOME FOR PAST 90 DAYS</u>	Amount	<u>MONTHLY EXPENSES</u>	Amount
Full /Part Time (Gross, no deductions)	\$ _____	Rent	\$ _____
Self-employed (net)	\$ _____	House Payment	\$ _____
Full or Part Time Spouse/Domestic Partner (Gross, no deductions)	\$ _____	Electricity	\$ _____
Self-employed (net-spouse)	\$ _____	Heat	\$ _____
Reverse mortgage	\$ _____	Sewer & water	\$ _____
Alimony income	\$ _____	Waste Management, Inc.	\$ _____
Property rental	\$ _____	Phone (land line)	\$ _____
Social Security: Veteran	\$ _____	Cell phone 1	\$ _____
Social Security: Spouse	\$ _____	Cell phone 2	\$ _____
Social Security: Widow/er	\$ _____	Internet	\$ _____
Other taxable income	\$ _____	Cable / Satellite TV	\$ _____
		Car 1 payment	\$ _____
		Car 2 payment	\$ _____
		Health insurance	\$ _____
		Food	\$ _____
		<b>Child Support / Alimony (expense)</b>	\$ _____
		Day or child care	\$ _____
		Other regular monthly expenses	\$ _____
<b>TOTAL TAXABLE INCOME</b>	<b>Box A:</b> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="\$"/>	<b>TOTAL EXPENSES</b>	<b>\$</b>
<b>Determine Deductions:</b> Multiply the amount in Box A by <u>20%</u> and put in Box B	<b>Box B:</b> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="\$"/>		
<b>Determine Net Taxable Income:</b> Subtract Box B from Box A and place the amount in Box C.	<b>Box C:</b> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="\$"/>		

INCOME CONTINUED ON NEXT PAGE

**All non-taxable income must be included in determining your net household income.**



**TAXABLE INCOME  
FOR PAST 90 DAYS**

Unemployment \$ \_\_\_\_\_

Retirement \$ \_\_\_\_\_

**Total Unemployment & Retirement  
Only** **Box D**

**Determine Deduction:**

Multiple the amount in Box D by 10 percent and place it in Box E **Box E**

Subtract amount in Box E from **Box F**

**ANY NON TAXABLE INCOME  
FOR PAST 90 DAYS**

Social Security: Veteran \$ \_\_\_\_\_

Social Security: Spouse \$ \_\_\_\_\_

Social Security: Children \$ \_\_\_\_\_

Social Security: Widow/er \$ \_\_\_\_\_

VA Pension \$ \_\_\_\_\_

VA CRSC \$ \_\_\_\_\_

Welfare / DSHS Child Care \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL AMOUNT  
NON TAXABLE INCOME** **Box G**

(no deductions on non-taxable income)

**DETERMINE TOTAL NET HOUSEHOLD INCOME**

Insert amount from Box C on previous page \$ \_\_\_\_\_

Insert amount from Box F \$ \_\_\_\_\_

Insert amount from Box G \$ \_\_\_\_\_

**SUB TOTAL of C+F+G** \$ \_\_\_\_\_

**Subtract payouts of child support  
and/or spousal maintenance from  
Sub Total (C+F+G)** \$ \_\_\_\_\_

**TOTAL NET HOUSEHOLD INCOME** \$ \_\_\_\_\_

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**YOUR CURRENT HOUSING STATUS**

Phone number of landlord or property owner: \_\_\_\_\_

Name & Address of Property Owner: \_\_\_\_\_

Name of Landlord or Property Manager: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET OR PO BOX CITY STATE ZIP

**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

**Service Officer Comments:**

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

**I, hereby certify that I have made proper investigation of the above request for assistance and recommend payment thereof.**

**Signed:** \_\_\_\_\_  
Service Officer Post Date



