



## 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 a veteran who has lived in Kitsap County a minimum of 60 days and is in financial crisis with limited and temporary assistance. You can start the process at a location listed below.

Please use the following suggestions to make the process as efficient as possible and maximize use of programs available to you and members of your household.

Your local Veteran Service Officer is knowledgeable about the variety of opportunities that may be available to you. The service officer can help you apply to the county's Veterans Assistance Fund and 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. If you find you are eligible for programs, then apply as soon as possible.

Step two: Calculate the total household income by adding all income received by you and each person living with you. Compare your gross household income with the total with the chart found at [2023 VAF Income Guidelines.pdf \(kitsapgov.com\)](#). The results will show you how close you are to meeting the financial eligibility criteria.

Step three: Ask the service officer to help you apply to the county assistance fund. Under Step three, 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 \$2,500 in services per household over a rolling 12-month period. However, any award amount is based on documented need. You may also be eligible for non-veteran services at other community service agencies!

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 3120 NW Randall Way Silverdale, WA 98383 (near the Silverdale Mall). They will give you documentation proving you have registered with them. Call 360-516-1001 and ask to speak with a Veteran Specialist.

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 documents, the service officer will review them and help you make an appointment with Kitsap Community Resources (KCR). KCR will determine your eligibility based on your documentation of need and application responses then 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

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

#### **Silverdale**

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

#### **Port Orchard**

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

#### **Suquamish**

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

#### **Poulsbo**

American Legion Post 245  
19705 NW Viking Ave  
Suite 2B  
Poulsbo, WA 98370  
360.779.5456  
Hours: Thursdays 10:00 am to 3:00 pm

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



## REQUIRED DOCUMENTATION FOR THE VETERANS ASSISTANCE FUND (VAF)

The VAF is administered through Kitsap Community Resources. KCR has also received funding to administer 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.

- Honorable Discharge: Copy of DD214 (Member-4 or Service-2 copy), VA statement of service, or Certificate of Discharge. General Discharges under honorable conditions are limited to discharges for medical reasons.
- If married, marriage certificate, birth certificates or adoption papers of dependent children.
- Kitsap resident for 60 days.
- Current signed rental or lease agreement that clearly shows the property address, all tenants covered under the agreement, the amount of rent due, and the date rent is due each month.
- Registered with WorkSource or in a recognized training program or school.
- Employed: All check stubs or payroll print out showing gross pay for each individual living in your home aged 18 years of age or older for the previous 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.
- Bank statements for each household member over the age of 18. Bank statements must show account balances, all deposits, and all withdrawals over the last 90 days. If no bank accounts, then provide a written statement to that effect.
- Public assistance: Most current award letter/printout showing grant amount for each individual living in the household.
- Social Security, Veterans Benefits, Pension or Retirement: If applicable, 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 10049 Kitsap Mall Blvd NW #100, Silverdale WA 98383. Phone: 360-308-2800.
- 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 in your application.
- For car repair requests provide proof of ownership for at least 30 days and the vehicle's current insurance information.
- Other documents needed by the fund administrator to support applicant eligibility and justify support from the Veterans Assistance Fund.



# 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: \_\_\_\_\_

How many dependent(s) reside with you? \_\_\_\_\_ Do you have roommates? \_\_\_\_\_

Names and ages of roommates living in your household: \_\_\_\_\_

Are you working?      YES       NO

Is your spouse working?      YES       NO

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

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

Briefly describe the type of assistance you need from this agency: _____
_____
_____
_____

## Kitsap County Veterans Assistance Program Net Household 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 covering all household members. You are allowed some deductions to reach income eligibility.

<b>TAXABLE INCOME FROM ALL SOURCES FOR PAST 90 DAYS</b>	<b>Amount</b>	<b>MONTHLY EXPENSES</b>	<b>Amount</b>
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	\$ _____
<b>TOTAL TAXABLE INCOME</b>	<b>Box A:</b> <span style="border: 1px solid black; padding: 2px 10px;">\$</span>	Health insurance	\$ _____
<b>Determine Deductions:</b>		Food	\$ _____
Multiply the amount in Box A by <u>20%</u> and put in Box B	<b>Box B:</b> <span style="border: 1px solid black; padding: 2px 10px;">\$</span>	<b>Child Support / Alimony (expense)</b>	\$ _____
<b>Determine Net Taxable Income:</b>		Day or childcare	\$ _____
Subtract Box B from Box A and place the amount in Box C.	<b>Box C:</b> <span style="border: 1px solid black; padding: 2px 10px;">\$</span>	Other regular monthly expenses	\$ _____
<b>INCOME CONTINUED ON NEXT PAGE</b>		<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

**Non-taxable income from all sources must be included in determining your net household income.**



**TAXABLE INCOME FROM ALL SOURCES  
FOR PAST 90 DAYS**

**ANY NON-TAXABLE INCOME FROM ALL SOURCES  
FOR PAST 90 DAY**

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

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

**Total Unemployment & Retirement Only** **Box D** \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

**Determine Deduction:**  
Multiply the amount in Box D by 10 percent and place it in Box E

Subtract amount in Box E from Box D and place it in Box F

**Box E** \$ \_\_\_\_\_

**Box F** \$ \_\_\_\_\_

**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** \$ \_\_\_\_\_

---

**YOUR CURRENT HOUSING STATUS: Circle one. I Rent    I Own.**

Phone number of Landlord or Property Owner: \_\_\_\_\_

Address of Landlord or 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:**

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

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

**Signed:** \_\_\_\_\_

Service Officer

Post

Date

Phone Number