



# UNITED VETERANS OF MAINE

## APPLICATION FOR GENERAL ASSISTANCE

### SECTION A. APPLICANT'S INFORMATION

1a. Name of Applicant (Last, First, Middle)	1b. Last 4 of Applicant's SSN
2a. Applicant's Military Status (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Retired <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> National Guard / Reserve	2b. Applicant's Date of Birth (mm/dd/yyyy)
3a. Applicant's Mailing Address (include City, State, Zip)	3b. Applicant's Telephone Number
	3c. Applicant's E-Mail Address
4a. Type of assistance Applicant is requesting <input type="checkbox"/> Food <input type="checkbox"/> Furniture <input type="checkbox"/> Clothing <input type="checkbox"/> House Work <input type="checkbox"/> Other, please specify _____	
5a. How many people live in your household, including yourself?  _____ <span style="float: right; font-size: small;">If you have more than five people living in your household, please add their names on a separate sheet of paper.</span>	
5b. Name of person living in your household (Last, First, Middle)	5c. Date of Birth (mm/dd/yyyy)
5d. Name of person living in your household (Last, First, Middle)	5e. Date of Birth (mm/dd/yyyy)
5f. Name of person living in your household (Last, First, Middle)	5g. Date of Birth (mm/dd/yyyy)
5h. Name of person living in your household (Last, First, Middle)	5i. Date of Birth (mm/dd/yyyy)
5j. Name of person living in your household (Last, First, Middle)	5k. Date of Birth (mm/dd/yyyy)

### SECTION B. APPLICANT'S CURRENT HOUSING STATUS

1a. What is your living situation as of the date of this application?  <input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Living in Motor Home/Travel Trailer  <input type="checkbox"/> Staying with friends and/or family <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Homeless on the Street	
1b. If you are renting, are you currently under an eviction notice?  <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="font-size: small;">If you answered "Yes" please answer question 1c.</span>	1c. Date of Eviction (mm/dd/yyyy)

### SECTION C. APPLICANT PROGRAM ENROLLMENT AND STATUS

1a. Please check all of the applicable items that explicitly apply to your household's current situation:

- Disabled – Attach medical documents signed by your medical practitioner
- Working (Employed) – Attach your paystubs from the past two months
- Unemployed
- Collecting unemployment benefits – attach stubs and documentation from the state department responsible for your current unemployment compensation
- Starting a new job – give the date here (mm/dd/yyyy): \_\_\_\_\_
- Applied for Adult Public Assistance; application pending
- Currently receiving Adult Public Assistance such as Food Stamps, General Assistance or ATAP from the state or private organization – provide documentation of your current public assistance status
- Working with other agencies for assistance – please list them here: \_\_\_\_\_
- Receiving Supplemental Security Income (SSI), state disability, Service Connected disability from the Department of Veterans Affairs

**NOTE: If you are VA Service Connected, list your percentage here: \_\_\_\_\_ %**

**SECTION C. APPLICANT PROGRAM ENROLLMENT AND STATUS**

2a. Are you currently on probation or parole?

Yes  No

2b. List the name and phone number if your probation or parole officer if you have one.

**SECTION D. GENERAL ASSISTANCE ELIGIBILITY QUESTIONNAIRE**

1a. To be eligible for general assistance with the United Veterans of Maine, you must meet some basic requirements for services to be rendered. If you meet the requirements, please initial each one below.

\_\_\_\_\_ I have served at least 180 days of active duty service in the Armed Forces of the United States

\_\_\_\_\_ I have received an Honorable or "General under Honorable Conditions" discharge from the Armed Forces of the United States, and can provide a copy of my DD-214 if requested or verification from the Department of Veterans Affairs within five (5) business days of the date of this application

\_\_\_\_\_ I have not been convicted in a state or federal court of the following types of offenses: **Arson, Assault or Aggravated Assault, Manslaughter, Murder, Robbery or Sexual Offenses of ALL sorts.** Additionally, I acknowledge that no active wants or warrants are in place against me in any jurisdiction of the United States

\_\_\_\_\_ I acknowledge that prior to entry into the United Veterans of Maine housing program I will be screened for any outstanding mental and physical health problems through the Department of Veterans Affairs or a civilian based medical facility.

1b. The United Veterans of Maine performs a background check on ALL applicants using the Alaska Public Safety Information Network (i.e. APSIN) and the National Crime Information Center (i.e. NCIC) for active court cases and past convictions. Apart from the disqualifying offenses listed in question 1a, have you ever been convicted of a crime in a state or federal court?

Yes  No

If you answered "Yes" please answer questions 1c through 1h, if applicable. Start with the most recent conviction and work your way back in time.

1c. Nature of Crime – List the charge by which a conviction was given, to include any applicable state or federal statute, if possible

1d. Date of Conviction (mm/dd/yyyy)

1e. List the city and state where you were convicted

1f. Type of Conviction

Felony  Misdemeanor

1c. Nature of Crime – List the charge by which a conviction was given, to include any applicable state or federal statute, if possible

1d. Date of Conviction (mm/dd/yyyy)

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2a. The United Veterans of Maine receives numerous requests for general assistance and our goal is to accommodate and assist veterans as resources are made available. In doing so and requesting our services, we like to see our beneficiaries give back by spending some time with the organization volunteering. If your application is approved for services, would you be willing to return the favor by volunteering some of your time at the United Veterans of Maine's Farm of Hope?

Yes  No

**SECTION D. GENERAL ASSISTANCE ELIGIBILITY QUESTIONNAIRE**

2b. If you answered "No" please give a detailed explanation as to why you are not able to take time volunteering for the United Veterans of Maine. Please use a separate sheet of paper, if necessary.

3a. **Statement of Need.** Please give a detailed explanation of your need. Tell us what we can do to help you. Furthermore, if you have made contact with other organizations, please tell us who you contacted. Give a telephone number and a reference to better assist us in getting your application processed as quickly as possible. Also, tell the United Veterans of Maine how you and your household will benefit from receiving general assistance from the organization. Use a separate sheet of paper, if necessary.

**SECTION E. HOUSEHOLD INCOME AND AVAILABLE FUNDS**

1a. List all sources of income that you have received during the last 30 days and current available funds. Please attach your most recent statements for any bank accounts you have and pay stubs from any source of income you receive.

**If you are applying for family housing, both adults must provide income information for the last 30 days as verification of income. Attach any documents that can prove your income during this time period.**

Source of Income	Primary Applicant	Spouse
Wages, net salary (attach pay stubs)	\$	\$
Unemployment Insurance Benefits	\$	\$
ATAP, TANF, ASAP, GA	\$	\$
Food Stamps (i.e. SNAP)	\$	\$
Senior Benefits Program (State of Alaska only)	\$	\$
Tips or gratuities	\$	\$
Self Employment, Carving, beading, etc.	\$	\$
Child support and alimony	\$	\$
Foster care payments	\$	\$
Social Security (SSA) retirement, survivors, etc.	\$	\$
Supplemental Security Income (SSI) Disability	\$	\$
Cash-out of retirement or pension plan	\$	\$
Worker's Compensation	\$	\$
Native Corporation dividends	\$	\$
Checking Account (current balance)	\$	\$
Savings Account (current balance)	\$	\$
Bingo or pull tab winnings	\$	\$
Other Income (specify)	\$	\$
<b>Total Income for the Last 30 days</b>	<b>\$</b>	<b>\$</b>

**SECTION F. STATEMENTS AND CERTIFICATION**

**Penalty Statement:** There are severe criminal and civil penalties including fine or imprisonment, or both, for knowingly submitting a false, fictitious, or fraudulent request for services to be rendered by the United Veterans of Maine.

**Services:** Services that have been requested in this application will be processed in the order they are received. Be advised that the United Veterans of Maine reserves the right to deny assistance to any applicant who fails to provide complete details or false information. Furthermore, assistance is given on a resource availability basis. The United Veterans of Maine will work diligently to get your request processed and approved in a timely manner. Additionally, we will work with other organizations to facilitate assistance for displaced veterans who are in need, all on a resource availability basis if resources are not available for the applicant or their family on site.

**Certification:** I certify that the information provided in this application is true and correct to the best of my knowledge. The information submitted is subject to further verification through local law enforcement, the Department of Veterans Affairs and any civilian treatment agencies as required to fulfill this request for veterans housing. I further certify that if assistance as a needy veteran and/or servicemember is being requested that the United Veterans of Maine may conduct a criminal background investigation to include a check for wants and warrants. I further understand that general assistance directly provided by the United Veterans of Maine is based on availability of immediate resources, by which your request may not be granted.

**SECTION F. STATEMENTS AND CERTIFICATION (CONTINUED)**

The Federal law concerning fraud states ... "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the United Veterans of Maine cannot give out the information you give the caseworker with the exception of other Federal, State, Tribal Offices and other programs who have some responsibility for providing the services for which you are applying. The information can also be given to those agencies when you ask them or a job or for some other benefit, and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information from your case record file, you must first give your written consent. You have a right to know what information is inaccurate, so ask your caseworker how to change the information in the case record.

Paperwork Reduction Act of 1995 S.244 This statute is to minimize the paperwork burden for individuals, small businesses, educational and non-profit institutions, federal contractors, State, local and tribal governments and other persons resulting from the collection of information by or for the federal government. United Veterans of Maine has this act available for public inspection upon written request. I understand and have read or explained to me the provision of my protection under the Paperwork Act and Privacy Act.

Housing Assistance clients must do the following: Participate with the United Veterans of Maine in developing a plan to undergo self-sufficiency, good conduct and volunteer your time if unable to help with the payment of any services to be rendered. Furthermore, clients must immediately notify the United Veterans of Maine if changes to employment, finances or living situation occur. Failure to do so will result in involuntary removal from the program and the possibility of not being permitted to return.

Signature of Primary Applicant

Printed Name of Primary Applicant	Application Date (mm/dd/yyyy)
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Signature of Other Adult in Household

Printed Name of Other Adult in Household	Application Date (mm/dd/yyyy)
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**SECTION G. FOR UNITED VETERANS OF MAINE STAFF USE ONLY**

Staff remarks for application:

Application for veteran general assistance is:

Approved       Denied

Signature of Executive Director or other authorized official

Printed name of Executive Director or other authorized official	Date Application Signed (mm/dd/yyyy)
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