

# WORKSHEET

## COUNTY VETERANS AID FUND

SARPY COUNTY VETERANS SERVICE OFFICE  
SOUTHEAST COURTHOUSE ANNEX  
1308 GOLD COAST ROAD, SUITE 100  
PAPILLION, NE 68046-3019

All information requested on this worksheet is required to complete your application for assistance from the County Veterans Aid (CVA) 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 medical assistance, provide detailed itemized statements of all medical expenses and records of all payments to include life/health insurance. Complete attached Appendix G.

After completing this worksheet, call 593-2203 to schedule an appointment to complete your application for CVA assistance.

PLEASE  
PRINT

# WORKSHEET

## COUNTY VETERANS AID (CVA) FUND

PLEASE  
PRINT

SARPY COUNTY VETERANS SERVICE OFFICE  
1308 GOLD COAST ROAD, SUITE 100  
PAPILLION, NE 68046-3019

### 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

**CVA 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

## COUNTY VETERANS AID (CVA) 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

## COUNTY VETERANS AID (CVA) 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>	<b>Gross Earnings for Past 30 Days</b> \$ _____		<b>Net Earnings for Past 30 Days</b> \$ _____		
<b>Date of Last Check</b> ____/____/____ MM / DD / YYYY	<b>Last Check Gross</b>	\$ _____	<b>Last Check Net</b>	\$ _____	
<b>Date of Pending Check</b> ____/____/____ 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>	<b>Gross Earnings for Past 30 Days</b> \$ _____		<b>Net Earnings for Past 30 Days</b> \$ _____		

#### 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

## COUNTY VETERANS AID (CVA) 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**