



El Paso County Veterans Assistance Project for Heroes Application

1. Applicant Information

Date: _____ Referred By _____ Precinct _____

Client: _____
Last Name First Name MI

Address: _____ Apt/Ste: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ DOB: ____/____/____ SSN: _____
MM DD YYYY

Client Relationship: Veteran Spouse Surviving Spouse Child Parent

Gender: Male Female Documents: DD214 VA Card Picture ID DOD Dependent(s)

2. Veteran Status

Veteran's Name: _____
Last Name First MI

Veteran Status: Retired Medical Retired Honorable General Under Honorable

Branch: Army Navy Marines Air Force Coast Guard Army Reserves

Army National Guard Air National Guard Others: _____

3. Questionnaire

Household Number: Veteran Spouse Children _____ Other _____

Household Income: Monthly: \$ _____ Yearly: \$ _____

* DISCLAIMER: I AM AWARE THAT IF THE INFORMATION PROVIDE IN THIS APPLICATION IS FOUND TO BE FALSE, I WILL BE SUBJECT TO CRIMINAL, CIVIL AND ADMINISTRATIVE PENALTIES AND SANCTIONS. BY SIGNING BELOW THE APPLICANT UNDERSTANDS THAT THIS APPLICATION IS NOT A GUARANTEE OF PAYMENT OR ASSISTANCE. THIS OFFICE IS AUTHORIZED TO OBTAIN INFORMATION NECESSARY TO DETERMINE ELIGIBILITY.

Signature of Applicant

Date

Signature of Spouse

Date



El Paso County's Veteran Assistance Project for Heroes
Release of Information
Application (continued)

4641 Cohen Ave, Ste D
 El Paso, TX 79924
 Phone: 915-875-8570, Option 2

I _____ hereby authorize the release of all information contained in my file to authorized representatives of the El Paso County Veteran Assistance.

I [] **DO** [] **DO NOT** agree to provide my social security number. (See Privacy Act Statement Below)

I also understand that, if deemed necessary, El Paso County Veteran Assistance has full permission and authorization to forward any correspondence I may have sent concerning my case.

I further understand that I will save harmless both the agency or organization divulging the information and the El Paso County Veteran Assistance office as it relates to the giving and accepting of any information on my behalf for the sole purpose of determining my eligibility status for assistance.

Name	Date		
Date of Birth	Phone Number	SSN (Optional)	
Address	Apt/Ste	City, TX	Zip Code

PRIVACY ACT STATEMENT REGARDING THE PROVISION OF SOCIAL SECURITY NUMBERS

I understand that under the Privacy Act of 1974 (5 U.S.C. § 552a, note) and the 1976 amendment to the Social Security Act of 1976 (42 U.S.C. 405 (c)(2), the County's request for my social security number is optional, and that general assistance benefits will not be denied if I otherwise qualify, but choose not to provide my social security number. I further understand that my social security number is requested in order to help determine whether I qualify for general assistance benefits.

Printed Name	Signature
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El Paso County Veterans Assistance Project for Heroes

Income and Expense Worksheet

Application (continued)

Client Name: _____

MONTHLY HOUSEHOLD INCOME/RESOURCES (include all individuals in household)

Severance Pay _____	Work/Job's/Ret _____
Unemployment _____	VA Educational _____
Workers Compensation _____	Child Support _____
Food Support _____	Social Security _____
VA Compensation/Pension _____	Other _____

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

MONTHLY HOUSEHOLD EXPENSES

Housing:

Rent/Mortgage _____

Water/Sewer/Trash _____

Electricity _____

Gas _____

TV (Cable/Satellite) _____

Telephone _____

Home Insurance _____

Property Tax _____

Maintenance/Repair _____

Other _____

Transportation:

Car Payment _____

Insurance _____

Gasoline _____

Maintenance/Repair _____

Personal:

Clothing _____

Hair Cuts _____

Entertainment _____

Gifts _____

Miscellaneous:

Food _____

Household Supplies _____

Newspaper/Magazine _____

Pet Care _____

Charge Cards _____

Loan Payments _____

Other Monthly Expenses _____

Medical:

Insurance Premium _____

Prescriptions _____

Dr./Dental/Chiro _____

Children's Expenses:

Child Support _____

Child care _____

Activities/Sports _____

Tuition _____

TOTAL EXPENSES _____

INCOME – EXPENSES = \$ _____

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Signature _____ Date _____



El Paso County Veterans Assistance Project for Heroes Terms and Conditions Application *(continued)*



PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY INITIALING AND SIGNING IN THE SPACE PROVIDED.

_____ I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to award, or if awarded, for repayment of award in full. FEDERAL FALSE CLAIMS ACT—31 USC 3729-3733. (Updated August 2010 an incorporating passage of Pub. L. No. 111-203, 124 Stat. 1376) § 3729. False claims—(a) Liability for certain acts. (1) In general. Subject to paragraph (2), any person who-- (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; ...is liable to the United States Government for a civil penalty of not less than \$ 5,000 and not more than \$ 10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104 -410), plus 3 times the amount of damages which the Government sustains because of the act of that person.

_____ I authorize any of the persons or organizations referenced in this application to give you any and all information concerning the information I have provided, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

_____ I agree to allow the Veterans Assistance Program (VAP) to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by VAP personnel.

_____ I understand that I should submit updated information as I receive it while my application is being processed. Any bill that cannot be independently verified will not be paid. Receipts, handwritten invoices, statements with \$0 due, and notice of automatic withdrawal will not be accepted.

_____ I understand that if I fail to submit requested documents **within 5 business days of request** and I have not corresponded with the assistance program during that time, my application will expire, and I will not be notified of the expiration.

_____ I understand the primary purpose of the VAP is to meet the unique and urgent needs of Texas military/veterans and their immediate family members that meet our eligibility standards as outlined on pages 1 and 2, and that **VAP is not a wage replacement due to unemployment nor is it a pension, benefit or entitlement program based on veteran status.**

_____ I agree to obey with all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

_____ I understand that I will send legible copies of original documents only as entire application and all supporting documents will not be returned.

_____ I agree to hold the Texas El Paso County Veterans Assistance Office, their agencies, officers, employees, agents, sponsors, and subordinate units harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss or perceived loss that may occur.

_____ Due to privacy concerns, status check requests for applications must be made by email while your file is being processed. Status checks by phone will be denied, and you will be directed to correspond your status check by email to cvso@epcountytexas.gov. Please include your full name in the request. We will let you know the status of your application as soon as possible.

Applicant Signature

Date

Printed Name

All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee approval.