



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

This program is supported by a grant from the Texas Veterans Commission *Fund for Veterans' Assistance*. The *Fund for Veterans' Assistance* provides grants to organizations serving veterans and their families. For more information, visit TVC.Texas.gov.



El Paso County Veterans Assistance Project for Heroes Checklist



Terms and Conditions

If approved for financial assistance, clients are permitted to receive rent/mortgage and/or utilities assistance one-time per grant cycle. The current cycle grant period is from July 1, 2020-June 30, 2021. Financial assistance is open to qualified Veterans, Active Duty Servicemembers, Dependents, and surviving spouses of Veterans.

Rent & Utility Assistance Payments

- Rent checks are mailed directly from the County of El Paso to the landlord/owner. A completed and signed *Owner Rental Statement form, W-9 form and Lease/Mortgage statements* are required before any payments are made.
- Utilities checks are mailed directly from the County of El Paso to respective billing agencies. Billing statements for all requested assistance are required for processing. The most recent bill with past due obligations or final notice is not sufficient. Statements must be under the name of the client applying for assistance or someone residing in the same household.
- Checks are typically mailed between 5-10 business days after submission, but can take up to 20 business days.

Required Documents

- Copy of DD-214/Certificate of Release or Discharge from Active Duty form with anything other than Dishonorable Discharge; and
- State of Texas issued Driver License with Veteran designation; or
- Uniform Services Identification Card; or
- VA ID Card; or
- Tricare Health Insurance (active duty); and
- Proof of hardship. Example: (Eviction letter, notice to vacate, Reference letter from VA organizations, unemployment benefits, medical receipts where veteran paid out of pocket medical expenses and/or prescription costs in excess of \$500 for self over the last 30 days from the date of assistance request.); and
- Current Bank Statement along with Income Expense Worksheet.
- If unemployed, demonstrate proof of employment registration showing ACTIVE status within past 30 days with Texas Workforce Solutions (915-887-2000); or
- If there is no household income, client(s) will provide documentation they have sought other types of outside assistance (i.e. TANF, Child Support, SNAP, WIC, etc. Proof of receipt of application from the pertinent agency is required.
- Intent to File Claim and Appointment of VSO if not rated at 100%

Print Name

Signature

Date

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El Paso County Veterans Assistance Project for Heroes Income and Expense Worksheet



Client Name: _____

MONTHLY HOUSEHOLD INCOME/RESOURCES (include BOTH your income and spouse's income)

Severance Pay _____	Work/Job's/Ret _____
Unemployment _____	VA _____
Workers _____	Educational _____
Compensation County _____	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 _____

Medical:

Insurance Premium _____
 Prescriptions _____
 Dr./Dental/Chiro _____

Children's Expenses:

Child Support _____
 Child care _____
 Activities/Sports _____
 Tuition _____

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 _____

TOTAL EXPENSES _____

INCOME – EXPENSES = \$ _____

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Signature _____ Date _____

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El Paso County's Veteran Assistance Project for Heroes Release of Information



4641 Cohen Ave, Ste D
El Paso, TX 79924
Phone: 915-759-7990, Ext 1

I, _____, do 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.

Signature	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 Owner Rental Statement



I, _____ rent an
Owner/Apt. Manager

apartment/house to _____
Tenant(s)

at, _____, Texas _____
Address City Zip Code

Rent is (Check Only One): Due Past Due First Month's Rent Deposit

For the amount of \$ _____, which is/was due on _____.
Amount Date

PLEASE MAKE CHECK OUT TO: Print Clearly

Owner Tax ID/SSN

_____, TX _____
Address City Zip Code

Phone Number Email Address

Owner's Tax ID # or Social Security Number **MUST** be included

By signing this form I am hereby certifying the following:

1. This amount ___ does ___ does not include deposits that the tenant or prospective tenant owes;
2. This amount does not include any deposits, late fees, or any other fees that the tenant or prospective tenant owes.
3. This payment guarantees the tenant or prospective tenant an additional 30 days residency.
4. I am in no way related to the tenant.

Note: Upon qualification of applicant, expect up to 20 working days for payment to be mailed. Thank you.

Signature

Date

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Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.