

HURON COUNTY VETERAN SERVICE COMMISSION

185 Shady Lane Drive Suite C
Norwalk, OH 44857

PH: (419) 668-4150 FAX: (419) 663-6215

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FINANCIAL ASSISTANCE CHECKLIST

Basic Information for ALL Claims

- DD-214 (all if multiple discharges)
- Proof of 90-day residency in Huron County (utility bills, shelter letter, etc.)
- W-9 and Lease Agreement Form
- Documents verifying name change

Income and Asset Information (last 60-days)

- Payroll check stubs or wage reports
- Unemployment compensation documentation
- VA Pension or Compensation documentation
- Social Security Income/Disability documentation
- Retirement payments received (PERS/FERS, union or company pensions)
- If self-employed, monthly profit and loss statements or quarterly estimated payments for taxes
- Verification of all other types of income (rental income, child support, public assistance, worker's compensation, etc.)

Expense and Liability Information (last 60-days)

- Checking, savings, debit, Direct Pay Debit, and credit union account activity
- Estimates/receipts for unexpected expenses
- Medical, vision, and dental bills
- Current mortgage statement or lease
- All current utility bills
- Verification of all other expenses (auto payment, auto/home/health/life insurance, auto/home repairs, credit card statements, etc.)

Other

- Current letter from medical physician if unable to work
- Police and fire reports

A Note on Fraud: Submission of any false information during the application process may lead to criminal prosecution, as well as automatic rejection of the application for aid. Every applicant seeking financial assistance from the Veterans Service Commission will be required to sign a statement indicating that all information submitted on the application is truthful and accurate. Clients who submit fraudulent case information may be prohibited for all future Veteran Service Commission assistance.

FINANCIAL ASSISTANCE QUESTION? CALL 419.668.4150

The Huron County Veterans Service Commission provides a wide variety of other services to area Veterans and their dependents. Please contact us at 419.668.4150 to receive an informational brochure. As a Veteran, you have served your nation, state, and county. In your time of need, please call upon your fellow Veterans at the Huron County Veterans Service Commission if we can be of assistance.

Internet: www.HuronCountyVets.com

Our hours of operation are Monday – Friday from 8:30 a.m. – 4:00 p.m.

HURON COUNTY VETERAN SERVICE COMMISSION
Financial Assistance Policy

Temporary Financial Assistance

- All funds granted for financial assistance by the Huron County Veteran Service Commission under ORC 5901.08 thru ORC 5901.09 will be considered temporary
- Financial Assistance may be granted in situations where living expenses are greater than income or where a catastrophic event beyond the control of the Veteran has created destitution or great financial hardship.

Eligibility

1. Law and Definitions

- In accordance with ORC 5901.01 Veterans' service definitions of "veteran".
- "Active Duty Military"
 - Must comply with ORC 5901.089
- "Spouse"
 - Legal documentation proving legal union
- "Dependent Parent"
 - Legal documentation must be provided
- "Minor Child"
 - Legal documentation must be provided and until 18th Birthday
- "Ward of a Veteran"
 - Legal documentation must be provided
- "Totally Disabled Child"
 - Veteran's child who is totally disabled before the age of 18

2. Documents

- Documentation to prove three months of bona fide residency in the county per ORC 5901.08
- A copy of the Veteran's discharge (DD214/DD215) must be provided at the time of application and be Honorable or General Under Honorable Conditions.
- All eligible may apply for Financial Assistance under this policy, in the event that they have been deemed "in component" for VA purposes or can provide documentation of a court appointed representative. Application must be made in person.
- In accordance with ORC 5901.01 and ORC 5901.08 – 5901.09, all required documentation and information shall be provided or application process will be terminated.
- Release of information

3. Rules

- No eligible claimant will be denied the ability to complete an application for Financial Assistance.
- The President of the Commission shall not vote on Financial Assistance cases and will serve as the appeal authority should the applicant be denied. In the event that there are only two members voting on an application, the President will vote on the request, and the appeal authority will be, in order, the Vice-President (if not present for the initial vote), and the other members of the Commission (not present for the initial vote) in order of seniority. When all five Commissioners are present for a vote, then a 2-2 tie will be considered an approval of assistance and the applicant will be notified accordingly.
- Members of the Huron County Veteran Service Commissioners and the staff of the Huron County Veteran Service Office are eligible for Financial Assistance under the same policy guidelines. Commission members will abstain from the voting on an application for Financial Assistance where a conflict of interest might be perceived, to include family members and business associates.
- Assigned service officers are authorized to issue emergency assistance up to the approved budget amount for the applicant in such cases where the assistance must be issued immediately to preclude utility shutoffs, evictions, or other adverse circumstances. The Commission will review such cases at the next regular meeting and complete formal actions on the case. In normal situations, all commissioners in attendance will sign payment vouchers which have been prepared per instructions from the County Auditor. In an emergency requiring an immediate payment, one commissioner's signature will suffice.
- The law requires that the applicant, under penalty of law, make a complete and total disclosure of any and all income that the applicant may possess. . Verification of financial information provides the Commission the means to determine whether or not assistance will be granted. It must be noted that no person is entitled to benefits through the financial assistance program; rather, they are entitled to fair consideration of their request for such benefits.
- The basic information required for each case is listed below. This information must be presented upon initial application and maintained current throughout the time that the applicant is receiving assistance from this office. It is the applicant's responsibility to ensure that information is updated needed. Anyone who fails to provide this information in compliance with ORC 5901, renders himself/herself ineligible for assistance. Any person who falsifies such information may be prosecuted to the fullest extent of the law and may render himself/herself ineligible for any future assistance.

- The following documents are required to be filed with the initial application for assistance.
 1. DD214/DD215 or Military Discharge Documentation showing Honorable or General Under Honorable Conditions Separation from Military Service. There is no acceptable substitute for this document.
 2. Proof of residency in Huron County for the prior 3 months or 90 days.
 3. Completed assistance application, information releases, and a written letter describing the applicant's current situation and need, signed by the eligible applicant.
 4. Marriage Certificates, Birth Certificates of children, adoption decrees where applicable, divorce decrees where needed to show custody of minor children involved, documents of proving child support must be provided.
 5. Verification of all Income, including child support in the form of copies of checks, etc., for the previous month and through the present date.
 6. Verification of employment status and/or verification of unemployment compensation entitlement or filing from the Ohio Department of Jobs and Family Service.
 7. Applicant must provide any current award information to show proof of receipt of VA Compensation, VA Pension, Social Security Income, Social Security Disability.
 8. Doctors Statements or Medical Statements when applicant is unable to work due to medical conditions.
 9. Applicants are required to provide W-9 form(s) from the beneficiary of the financial assistance provided where applicable.

5901.08 Applicants for Financial Assistance

Each applicant for financial assistance under sections 5901.02 to 5901.15 of the Revised Code shall be a veteran, an active-duty member of the armed forces of the United States, or the spouse, surviving spouse, dependent parent, minor child, or ward of a veteran or active-duty member of the armed forces of the United States, who has been a bona fide resident of the county in which application is being made for at least three months.

Effective Date: 07-22-1994

5901.09 Statement of household income and property

(A) Each applicant for financial assistance under sections 5901.01 to 5901.15 of the Revised Code shall provide the veterans service commission with a statement concerning the applicant's household income, and the amount of real and personal taxable property, stocks; bonds, moneys on hand loaned or deposited in any bank or elsewhere, shares in building associations, mortgages, notes, or other articles of value from which the applicant derives an

income or revenue. The statement shall be made upon blanks furnished by the commission and shall be subscribed by the applicant.

Statements provided under this division shall not include medical records and, pursuant to division (B) of this section, are not public records under section 149.43 of the Revised Code. Veterans service commissions may compile statistical data from the statements in a manner to be prescribed by the department of veterans services. These data shall be considered a matter of public record.

(B) The following are not public records under section 149.43 of the Revised Code:

(1) A statement described in division (A) of this section;

(2) Any application for financial assistance under sections 5901.01 to 5901.15 of the Revised Code;

(3) Any documents that accompany and pertain to a statement described in division (A) of this section or an application described in division (B)(2) of this section;

(4) Any other documents that are used by or are in the possession of a veterans service commission that may affect the determination of the eligibility of an applicant for financial assistance under sections 5901.01 to 5901.15 of the Revised Code or that may affect the determination of an increase, decrease, or discontinuance of an allowance under section 5901.14 of the Revised Code, if those documents are required to be kept confidential under any statute of this state or the United States;

(5) Any applications to obtain benefits under any law of the United States or of this state, and any documents accompanying those applications, in the possession of a veterans service commission and filed by persons in the armed forces of the United States, veterans, or the spouses, surviving spouses, children, parents, or dependents of veterans.

(C) Interviews of applicants for financial assistance under sections 5901.01 to 5901.15 of the Revised Code, discussions of the applications, statements, and other documents described in division (B) of this section, and reviews of matters relating to applicants' requests for financial assistance under sections 5901.01 to 5901.15 of the Revised Code shall be kept confidential. In accordance with division (J) of section 121.22 of the Revised Code, a veterans service commission shall conduct a meeting of the commission or a portion of a meeting of the commission to interview an applicant for financial assistance under sections 5901.01 to 5901.15 of the Revised Code, to discuss an application, statement, or other document described in division (B) of this section, or to review matters relating to an applicant's request for financial assistance under sections 5901.01 to 5901.15 of the Revised Code in an executive session.

(D) Except as otherwise provided in division (E) of this section or division (B) of section 5902.04 of the Revised Code, a veterans service commission shall ensure that the applications,

statements, and other documents described in division (B) of this section are not used for any purpose other than to determine the eligibility of the applicant for financial assistance under sections 5901.01 to 5901.15 of the Revised Code or to determine whether to increase, decrease, or discontinue an allowance under section 5901.14 of the Revised Code.

(E)

(1) An applicant for, or a recipient or former recipient of, financial assistance under sections 5901.01 to 5901-15 of the Revised Code may consent to the release by a veterans service commission of any information in an application, statement, or other document described in division (B) of this section that pertains to the applicant, recipient, or former recipient by completing and signing a release of information form. The form shall be prescribed by the department for veterans services. An applicant for, or a recipient or former recipient of, financial assistance shall sign a separate release of information form each time the applicant, recipient, or former recipient consents to the release of any specific information in the application, statement, or other document involved. A copy of each signed release of information form shall be kept in the file of the applicant, recipient or former recipient kept by the commission. The release of information form shall specify the following items:

(a) The individual, agency, or organization requesting the information;

(b) The specific information requested;

(c) The intended use of the information requested;

(d) The date of the request for the information;

(e) The signature of the person who consents to the release of the information.

(2) A law enforcement officer may obtain an application, statement, or document as described in division (B) of this section pursuant to an investigation by a law enforcement authority, upon the issuance of a court order established upon reasonable grounds that the information contained in the application, statement, or document is relevant to a suspected violation of law.

(3)

(a) A party to a matter pending before a court may obtain an application, statement, or document as described in division (B) of this section, if upon application to a court of competent jurisdiction, the party proves all of the following:

(i) The information contained in the application, statement, or document is relevant and material to the matter before the court.

(ii) Disclosure of the application, statement, or document serves the interests of justice, because the need of the party requesting the information within the application, statement, or document outweighs the privacy interest of the applicant, recipient; or former recipient of financial assistance under sections 5901.01 to 5901.15 of the Revised Code.

(iii) No other reasonable mean exists to obtain the information contained in the application, statement, or document.

(b) If the party to a matter pending before a court proves ail of the elements in division (E)(3)(a) of this section, the court may order the disclosure of an application, statement, or document described in division (B) of this section. For purposes of this division the court shall do all of the following:

(i) Indicate the specific application, statement, or document to be disclosed;

(ii) Indicate the purpose for the disclosure of the application, statement, or document;

(iii) Indicate the person to whom the application, statement, or document will be disclosed.

Effective Date: 11-09-1995; 2008 SB289 08-22-2008.

- Each application will be considered on a case-by-case basis. Where deemed appropriate, policy(s) may be waived by the commission. Significant attention will be given to the applicant's attempt to resolve the situation before applying for assistance. Numerous other factors are weighed in considering an application for assistance.
- Cases which are adjudicated to be of a permanent nature will be referred to the appropriate agency as this agency provides only temporary and/or emergency assistance. Cases involving Workers Compensation situations will be handled the same as other cases. Financial assistance applicants will be required to file a claim for VA benefits when applicable.
- Veterans recently discharged attending school full time who apply for DVA Educational Benefits are eligible for assistance pending receipt of DVA benefits and will not be required to meet work eligibility requirements. Those attending school on less than a fulltime basis, may be required to meet work requirements.
- All assistance rendered except for food, will be in the form of a warrant signed by the Executive Director and forwarded to the Huron County Auditor for payment. All applicants will be required to sign for any issued checks prior to issuance.

4. Appeal

- Any applicant who is denied assistance will be formally notified in writing from the commission and will be advised of the right to appeal.
 1. The denied applicant will be advised by letter that he/she may submit a written appeal, or, may choose to appear in person at the next regularly scheduled

- commission meeting. Date, Time, and Place of the next regular meeting will be included in the notification letter. If the applicant cannot attend that meeting, he/she may be allowed to appeal at the next scheduled regular meeting. No appeal will be considered once two regular meetings have been held following the denial.
2. The President of the Commission will be the deciding authority on an appeal. All other commissioners may be present for the applicant's appeal presentation. The President may ask the other commissioners to reconsider their decision. If no change is made, the President will then make the final decision regarding the appeal.
- In determining which individuals are to be granted assistance, and which individuals are to be denied assistance, or have existing assistance levels reduced, extreme care will be taken to ensure that no individual who is in need and deserving of assistance is denied. It is the intent of this Commission to ensure that every such deserving individual is provided the maximum degree of assistance possible. However, it is also the responsibility of the Commission to refuse assistance to those who are not deserving of taxpayer aid.
 - A Veteran who is released from a penal institution will be considered to be a resident of the county of which he/she was a resident when he/she was incarcerated regardless of the length of stay in jail. Therefore, any Veteran who is a resident of Huron County at the time of incarceration may be considered for assistance at the time of release.
 - Assistance will not be granted where investigation shows imprudent use of financial assistance previously granted. The Commission reserves the right in such cases to disburse financial assistance directly to those persons who will provide the goods or services needed by minor children.
 - If it is determined that an applicant for assistance suffers from substance abuse, that applicant will be immediately referred to another agency. Every effort will be made to ensure that they receive proper treatment through the appropriate agencies. No assistance will be granted until treatment has been obtained for the substance abuse.
 - All applicants physically capable of work must be actively seeking work. This condition is met by proof that the individual is making regular visits to ODJFS, and submission of the job search record that is provided to unemployed applicants at the intake interview. Any applicant who fails to meet this requirement will be denied financial assistance until such time as they comply with the provisions of this paragraph.
 - Former spouses of eligible individuals are not themselves eligible for financial assistance. In the event that the former spouse has custody of minor children, the only assistance to be granted will be in the form of food assistance. Only the minor children will be considered when assessing the amount of assistance needed.
 - Residents of homeless shelters and other similar residential facilities are considered to be residents of the county from which they came. Such applicants will be referred to that county for financial assistance.
 - Financial assistance payments will not be released to family members on behalf of the claimant. Financial Assistance will only be issued to the eligible claimant. Additionally, where a situation of cohabitation exists, the board will not pay rent to one of the two parties on behalf of the other party. Rent will not be paid for non-permanent dwellings,

i.e., campers, lot rentals for campers, etc. Rent will only be paid for permanent dwellings.

Immediate Assistance

5901.15 Immediate assistance – veterans service commission unclaimed assistance fund.

The veterans service commission shall adopt and implement rules to grant immediate assistance, financial or otherwise, to any person entitled to it under sections 5901.02 to 5901.14 of the Revised Code, and to any member, spouse, or dependent of any member of the Ohio national guard, the Ohio military reserve, the Ohio naval militia, or a reserve component of the armed forces of the United States serving active military duty because of an executive order issued by the president of the United States or an act of congress, until the benefits or pay and allowances to which the member, spouse, or dependent is entitled from the armed forces are available, under such rules as the commission designates. If any money so awarded as financial assistance is not called for by the applicant within sixty days after it is awarded, such amounts shall be paid into the county treasury to the veterans service commission unclaimed assistance fund, which is hereby created.

Effective Date: 07-22-1994

- County Treasury to create Veteran Service Commission Unclaimed Assistance Fund per ORC 5901.15

Huron County COUNTY VETERANS SERVICE COMMISSION FINANCIAL ASSISTANCE APPLICATION/STATISTICAL DATA SHEET

This application must be completed by answering all questions.

(Note: Disclosure of Social Security account numbers is voluntary, but failure to provide such information may affect your application for financial assistance.)
Social Security numbers are used as secondary identifiers to determine an applicant's eligibility for assistance.

| | | | | |
|-------------------------------------|----------------|-----------------|-------------------|-----------------------------|
| Veteran's Name: First | Middle | Last | Date: | SSN: |
| | | | | Occupation: |
| Date of Birth: | Date of Death: | Marital Status: | Date of Marriage: | Date of Divorce/Separation: |
| | | | | |
| Spouse (Maiden Name If Applicable): | | | Spouse SSN: | Spouse Date of Birth: |
| | | | | |

Note: Common law marriages are recognized in Ohio only if they were established prior to October 10, 1991.

| | | | | |
|--|-------|--------|---|---|
| Date Established Residency In This County: (Proof of Residency is Required) | | | Telephone: <i>Include Area Code ()</i> | |
| Veteran's Address: | City: | State: | Zip Code: | How Long At Address: |
| | | | | |
| Name & Address of Landlord/Mortgage Company: | | | | Telephone: <i>Include Area Code ()</i> |
| | | | | |
| Previous Address: | City: | State: | Zip Code: | How Long At Address: |
| | | | | |

IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:

| | | | |
|----------|-------------------------|--------|---|
| Name: | Relationship to Veteran | SSN: | Date of Birth: |
| | | | 0-0- |
| Address: | City: | State: | Zip Code: |
| | | | Telephone: <i>Include Area Code ()</i> |
| | | | |

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)

| | | | |
|------------|-----|--------------------|--|
| Date From: | To: | Type of Discharge: | Verified - (Office Use Only) |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Date From: | To: | Type of Discharge: | Verified - (Office Use Only) |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

DEPENDENTS - PROOF OF DEPENDENCY REQUIRED

| Names: | How Related: | SSN of Dependents: | Date of Birth: | In Custody of Who: | Support Yes-No |
|--------|--------------|--------------------|----------------|--------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Does Anyone Else Live In Your Household? YES NO

Has Anyone In Your Household Applied For Assistance From Any Agency In The Last 30 Days? YES NO

| | |
|---------|---------------------|
| Agency: | Type of Assistance: |
| | |
| Agency: | Type of Assistance: |
| | |

| EMPLOYMENT | APPLICANT | SPOUSE | OTHER |
|--|----------------------|----------------------|---|
| Employer Name: | | | |
| Employer Address: | | | |
| Employment Dates: | From: To: | From: To: | From: To: |
| Reason Terminated: | | | |
| Rate of Pay: | \$ | \$ | \$ |
| Are You Seeking Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Where: | Are You Registered With ODJFS: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Not Seeking Employment, Explain Why: | | | |

| ASSETS | | | | | |
|--------------------------|----------|----------------|-------------|----------|-----------|
| TYPE | \$ VALUE | TYPE | DESCRIPTION | \$ VALUE | LOAN OWED |
| Checking | \$ | Home | | \$ | \$ |
| Savings or CD | \$ | Other Property | | \$ | \$ |
| IRA/KEOGH accounts | \$ | Vehicle | | \$ | \$ |
| Oil, gas or other rights | \$ | Vehicle | | \$ | \$ |
| Other | \$ | Other | | \$ | \$ |

| INCOME AND EXPENSES (VERIFICATION OF ALL INCOME AND EXPENSES REQUIRED) | | | | | |
|--|-------------|--------------------------------------|-------------|-------------------------|-------------|
| PRESENT MONTHLY NET INCOME (Last 30 Days) | | ESTIMATED IMMEDIATE MONTHLY NEEDS | | ASSISTANCE REQUESTED | |
| | | | | AMOUNT | TYPE |
| Wages-Veteran | \$ | Food | \$ | | |
| Wages-Spouse | \$ | Shelter | \$ | | |
| Wages-Other | \$ | Water | \$ | | |
| Pension or Compensation | \$ | Electric | \$ | \$ | |
| Retirement Benefits | \$ | Heat | \$ | | |
| Social Security-Veteran | \$ | Child Support | \$ | \$ | |
| Social Security-Spouse | \$ | SUBTOTAL | \$ 0 | | |
| SSI | \$ | Car Payment | \$ | \$ | |
| Dept. of Human Services | \$ | Telephone | \$ | | |
| Child Support | \$ | T.V. Cable | \$ | \$ | |
| Unemployment Benefits | \$ | Trash Pickup | \$ | | |
| Workers Compensation | \$ | Gasoline/Oil | \$ | \$ | |
| | \$ | Insurances | \$ | | |
| | \$ | Medical Expense | \$ | \$ | |
| | \$ | Bank Payment | \$ | | |
| | \$ | Credit Cards | \$ | \$ | |
| | \$ | Judgments | \$ | | |
| | \$ | Other | \$ | \$ | |
| TOTAL | \$ 0 | TOTAL | \$ 0 | TOTAL | \$ 0 |

Please explain why you need assistance at this time:

I, the undersigned, hereby authorize the Veterans Service Commission/Veterans Service Office to release and provide any information as requested from my records or files to other agencies, organizations or persons to establish my eligibility for benefits through that office or the Department of Veterans Affairs. I also authorize release of information from any agency, organization, company, financial institution or person to the Veterans Service Commission/Veterans Service Office as needed to establish my eligibility for benefits through that office or the Department of Veterans Affairs. I understand my application statement for assistance is not a matter of public record (ORC § 149.43). I certify that I am or have been a resident of this county for the required three months (ORC § 5901.08) prior to the execution of this application for Veterans Service Commission Financial Assistance.

Applicant's Signature **Date Signed**
0-0-

CVSO's Name - **CVSO's Signature** **Date Signed**

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. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

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 ▶ |
|------------------|----------------------------|--------|

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.



VETERAN SERVICE COMMISSION

HURON COUNTY VETERAN SERVICE COMMISSION
HURON COUNTY VETERAN SERVICE OFFICE

185 Shady Lane Drive Suite C
Norwalk, OH 44857
PH: 419-668-4150 FAX: 419-663-6215

Landlord Rental Information



Name of Renter: _____

As the owner, landlord or statutory agent, please answer the following questions and return the completed form to this office. This form is to be used only for information purposes regarding this rental unit. The Veteran Service Commission is in no way obligated for any past or future commitments made by renters.

Address of premises occupied by the above-named person: _____

Are you related to the renter? _____ If yes, how? _____

Number of rooms rented to this person. _____ Number of people occupying this unit. _____

Name(s) of people making the rental agreement regarding this unit. _____

Is the rent subsidized? _____ How is the premises heated? _____

Do you as the landlord pay any of the following utilities? Gas _____ Electric _____ Water _____

Name of person signing for the following utilities. Gas _____

Electric _____ Water _____

Are the rooms furnished? _____ Exact amount of rent charged to renter(s) Monthly? _____

Date the rent is due _____ Is the rent delinquent? _____ If the rent is delinquent, complete the next two blanks:

Date the rent became delinquent _____ Amount owed to date \$ _____

I understand that the above-named renter(s) is/are liable for and responsible for the payment of their own rent. I hereby certify that I am the owner, landlord, or statutory agent for the owner or landlord, and that the above information is true.

Printed Name

Signature

Address

Date

City, State, Zip

Telephone Number

Tax ID Number or SS Number