



APPLICATION FOR HARDSHIP ASSISTANCE
NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS
SFN 54410 (07-2024)

Application Date
County/Tribe

ASSISTANCE NEEDED

Medical			
<input type="checkbox"/> Dental	<input type="checkbox"/> Denture Procedure	<input type="checkbox"/> Optical	<input type="checkbox"/> Hearing
<input type="checkbox"/> Special (medical or life-threatening)	<input type="checkbox"/> Transportation (appointments/treatment)		
<input type="checkbox"/> Other - specify:			
General			
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Housing (Deposit)	<input type="checkbox"/> Impact (attach SFN 62010)	<input type="checkbox"/> Other - specify:

APPLICANT INFORMATION

Name	Applicant Status <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Widow	Social Security Number	Date of Birth	
Email Address	Telephone Number	Resident of North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long (ND Resident)	
Address		City	State	ZIP Code
Previously Applied <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When	What Program(s)		

VETERAN INFORMATION

Date Enlisted	Place Enlisted	Veteran's Social Security Number, if not provided as Applicant
Date Discharged	Place Discharged	Type of Discharge

VETERAN OR DEPENDENT INFORMATION

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Spouse	Date of Birth	Social Security Number
Name of Dependent Children	Date of Birth	Social Security Number
Child Support <input type="checkbox"/> Receiving - List Monthly Amount: \$ <input type="checkbox"/> Paying - List Monthly Amount: \$		

APPLICANT EMPLOYMENT/INCOME INFORMATION

Present Employer	Name of Supervisor	Telephone Number
Position Held	Length of Time in Position	Monthly Salary
Employer Address	City	State ZIP Code

SPOUSE EMPLOYMENT/INCOME INFORMATION

Present Employer	Name of Supervisor	Telephone Number
Position Held	Length of Time in Position	Monthly Salary
Employer Address	City	State ZIP Code

Your social security number is requested to enable the ND Department of Veterans Affairs to conduct a check for VA Benefits and to verify military service pursuant to N.D.C.C. sections 37-14-01.1 and 37-14-14. The individual's social security number will be used as an identification number. Disclosure of your social security number is mandatory. If you do not provide your social security number, the ND Department of Veterans Affairs will be unable to verify required information and will decline to process your application.

OTHER INCOME

Benefit	Veteran	Spouse	Total	Benefit	Veteran	Spouse	Total
VA S/C Compensation				Workers Compensation			
VA NSC Pension				Unemployment Compensation			
VA Education				Retirement			
Social Security				Pension			
SSI				Other (rental, alimony, etc.)			

MEDICAL LIABILITIES

Liability Type	Name of Creditor (payment to)	Monthly Payment	Balance
Medical Insurance Premiums			
Prescriptions			
Ongoing Medical Bills			
Certified Service Animal Ongoing Medical Expenses			
Over-the-Counter Medical			
Allowable Mileage			
Long Term Facility Rent (must be on Medicaid or A&A)			
Assisted Living Expenses for Daily Living Activities			
Other Medical Expenses			
Total Monthly Medical Expenses Being Paid			

I affirm that I am not required to file taxes.

Applicant Initials

Monthly Income	
Less Medical	
Add/Less Child Support	
NET INCOME	

I UNDERSTAND THAT ANY FALSE STATEMENT OF MATERIAL FACT MADE BY ME IN THIS APPLICATION IS PUNISHABLE UNDER THE LAWS OF THE STATE OF NORTH DAKOTA, INCLUDING NORTH DAKOTA CENTURY CODE (NDCC), CHAPTER 12.1-11.

I hereby certify that all the answers herein made are true and that I have not withheld any information regarding income or other resources. I do further certify that I have no means of support beyond those stated herein. I further understand the stipulations of the Hardship Assistance Program and that this is a program that is subject to monies available from the earnings of the Veterans Post War Trust Fund and may be terminated at any time.

I hereby authorize the United States Veterans Administration, Job Service of North Dakota, North Dakota State Tax Department, North Dakota Workforce Safety and Insurance, financial institutions and any other credit sources to disclose to the county veteran service officer assisting in the preparing of this application and the North Dakota Department of Veterans Affairs any information contained in their files and records concerning myself upon request.

Applicant Signature	Date
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VETERAN SERVICE OFFICERS (VSO) USE ONLY

Do you feel this request is a hardship need?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you personally counseled the applicant as to the stipulations of the program?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
VSO Recommendation	
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL

Explanation

I hereby attest that the information contained in this application is true and correct to the best of my knowledge.

VSO Signature	Date
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Hardship Assistance Program

Required documentation to be obtained by the VSO and submitted with completed application.

DOCUMENTATION CHECKLIST

<p>Income - Will be determined based on most recent 12 month period.</p> <p><input type="checkbox"/> Cash Asset Verification Form OR three months of most recent bank statements</p> <p>AND</p> <p><input type="checkbox"/> Copy of the last 60 days of payroll checks or stubs or copy of payroll statement</p> <p>AND/OR</p> <p><input type="checkbox"/> Copy of award letters of other income reported on Page 2</p> <p>AND</p> <p><input type="checkbox"/> Copy of front page of applicant's 1040 tax form or statement on application signed by the applicant stating he/she did not file taxes.</p>
<p>Residency</p> <p><input type="checkbox"/> Copy of ND Drivers License or ID Card showing address</p> <p>OR</p> <p><input type="checkbox"/> Other ID and a signed statement declaring residency for 12 consecutive months with the intent of establishing permanent residency</p> <p>AND</p> <p><input type="checkbox"/> Copy of monthly expense bill or bank statement 1 year or older verifying address, i.e. utility, phone, or cable bill</p>
<p>Veteran Status</p> <p><input type="checkbox"/> Copy of DD214 showing character of Service</p> <p>OR</p> <p><input type="checkbox"/> Copy of military orders showing active duty requirements have been met</p>
<p>Unmarried Widow</p> <p><input type="checkbox"/> Copy of marriage certificate</p> <p>AND</p> <p><input type="checkbox"/> Copy of death certificate</p> <p>AND</p> <p><input type="checkbox"/> Copy of Veteran's military discharge showing character of Service</p>
<p>Spouse</p> <p><input type="checkbox"/> Copy of marriage certificate</p> <p>AND</p> <p><input type="checkbox"/> Copy of Veteran's military discharge showing character of Service</p>

I have obtained and reviewed the required documentation as listed above.

VSO Signature	Date
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