



**APPLICATION FOR HARDSHIP ASSISTANCE**  
NORTH DAKOTA DEPARTMENT OF VETERAN'S AFFAIRS  
SFN 54410 (3-2007)

Application Date

County  
Required

PUT "N/A" IN EMPTY/UNUSED FIELDS

**ASSISTANCE NEEDED**

☐ Dental ☐ Optical ☐ Hearing ☐ Transportation ☐ Special ☐ Denture Procedure

**APPLICANT INFORMATION**

Name JOHN DOE			<input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Widow
Address SOMEWHERE USA			Resident of North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No
City ANYWHERE	State ND	Zip Code 55555	How long have you been a North Dakota resident? MUST BE AT LEAST 12 MOS.
Telephone Number (701) 999-9999			Have you previously applied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number 999-99-9999			When did you apply? WHAT YEAR
Date of Birth 9/9/1999			What Program(s) LIST PROGRAMS

**VETERAN INFORMATION**

Date Enlisted 9/9/1999	Place Enlisted REQUIRED	
Date Discharged 9/9/1999	Place Discharged REQUIRED	Type of Discharge REQUIRED

**DEPENDENT INFORMATION**

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Spouse IF APPLICABLE	Date of Birth 9/9/1999	Social Security Number 999-99-9999
Name of Dependent Children	Date of Birth	Social Security Number
IF APPLICABLE COMPLETE ALL INFO IN THIS SEC.		
DOCUMENTATION IS NEEDED FOR CHILD SUPPORT		
Child Support <input type="checkbox"/> Receiving-List Amount: <input type="checkbox"/> Paying-List Amount:		

**INCOME INFORMATION**

Present Employer OR PAST EMPLOYER IF CURRENTLY NOT WORKING			Position Held REQUIRED
Name of Supervisor REQUIRED			How Long at This Position? WHEN LAST DATE IF NOT WORKING
Address REQUIRED			Salary/Month \$999.00
City REQUIRED	State ND	Zip Code 99999	Telephone Number (999) 999-9999

**SPOUSE INFORMATION**

Present Employer COMPLETE ALL SECTIONS IF APPLICABLE			Position Held
Name of Supervisor			How Long at This Position?
Address			Salary/Month
City	State	Zip Code	Telephone Number

**OTHER INCOME**

Benefit	Veteran	Spouse	Total	Benefit	Veteran	Spouse	Total
VA S/C Compensation	\$0	\$0	\$0	Workers Compensation	\$0	\$0	\$0
VA NSC Pension	\$0	\$0	\$0	Unemployment Comp.	\$0	\$0	\$0
VA Education	\$0	\$0	\$0	Retirement	\$0	\$0	\$0
Social Security	\$0	\$0	\$0	Pension	\$0	\$0	\$0
SSI	\$0	\$0	\$0	Public Assistance (food stamps, TANF)	\$0	\$0	\$0
Other (rental, alimony, etc.)	\$0	\$0	\$0	Other (rental, alimony, etc.)	\$0	\$0	\$0

**ACCOUNTS**

Type of Account (checking, savings, burial, CD's, etc.)	Name of Institution	Account Number	Balance
			\$
			\$
			\$

**MEDICAL LIABILITIES**

MEDICAL EXPENSES			
	Name	Monthly Payment	Balance
Hospital Insurance	SEE EXPLANATION SHEET FOR \$ ALL MEDICAL EXPENSES		\$
Prescriptions		\$	\$
		\$	\$
Monthly Medical bills being paid on			
		\$	\$
Total Monthly Medical Expenses Being Paid		\$ 0	
Monthly Income		\$ 0	
Less Medical		\$ 0	
Add/Less Child Support		DOCUMENTATION REQUIRED	
Net Income		\$ 0	

**APPLICANT ACKNOWLEDGEMENT**

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 THAT ANY FALSE STATEMENT OF MATERIAL FACT MADE BY ME IN THIS APPLICATION IS PUNISHABLE UNDER THE LAWS OF THE STATE OF NORTH DAKOTA. I further understand the stipulations of the Hardship Assistance Program and that this is a program subject to monies available from the earnings of the Veterans Post War Trust Fund and may be terminated at any time.

I hereby authorize 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
<b>REQUIRED</b>	03-10-2017



**SERVICE OFFICERS USE ONLY**

Do you feel this request is a hardship need?

**Required**

- ☐ Yes  
☐ No

Have you personally counseled the applicant as to the stipulations of the program?

**Required**

- ☐ Yes  
☐ No

CVSO Recommendation

**Required**

- ☐ APPROVAL  
☐ DISAPPROVAL

**Explanation**

This space can be used if a veteran does not file income tax and wants to initial a statement to that effect before you insert any other information that could be relevant to this veteran's application..

Complete fully sighting anything that pertains to qualifying for a grant. If something does not apply, please insert an N/A in the box.

If veteran has not worked or has no income in past 12 months, need to have explanation.

If veteran has drawn unemployment, need eligibility letter from ND job service.

If veteran has had several jobs within past 12 months, need final pay stubs of all jobs or W-2's of all jobs

If receives pension, retirement, workman's comp, need verification (in other words, ALL income for past 12 months must be verified for a Hardship grant.

all income of all household members (except dependent children) need to be included in application.

You must provide documentation on all medical deductions over \$199.

A monthly payment on medical bills must have a three month payment history and a balance of three monthly payments extending beyond the date of application to qualify as a monthly medical deduction.

If a spouse and a veteran are applying at the same time, we need two complete applications. One in the veteran's name and one in the spouses name.

All documentation, DD214's, picture ID cards must be readable

**IMPORTANT:** Please be as detailed as possible. You are the eyes and ears within your community. You are the link between the veteran and the approval official.

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

CVSO Signature

**REQUIRED**

Date

**03-10-2017**

## Hardship Assistance Program

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

### DOCUMENTATION CHECKLIST

**Income** - Will be determined based on most recent 12 month period.

- ☐ Cash Asset Verification Form **Sent to bank(s) and turned in with application**
- AND**
- ☐ Copy of the two most recent payroll checks or stubs or copy of payroll statement
- AND/OR**
- ☐ Copy of award letters, i.e. VA Benefits, Social Security **For any jobs worked w/i last 12 mos, unemployment, etc**
- AND**
- ☐ Copy of front age of applicant's 1040 tax form or statement on application initialed by the applicant stating that he/she did not file taxes **If no 1040 available, need both Req. for Tax & Form 500 or statement does not file**
- OR**
- ☐ A signed release from applicant authorizing commissioner to obtain such information from the North Dakota Tax Department

**Residency** **Must have physical address on bill or statement over 12 months prior to date of application.**

- ☐ Copy of ND Drivers License or ID Card showing address or CVSO verification as stated on application
- AND**
- ☐ Copy of monthly expense bill or bank statement 1 year or older verifying address, i.e. utility bill, phone bill or cable bill

**Veteran Status** Required, must meet (N.D.C.C.) 37-14-01.1: Must be readable.

- ☐ Copy of DD214
- OR**
- ☐ Copy of military orders showing active duty requirements have been met

**Unmarried Widow** All items below required

- ☐ Copy of marriage certificate
- AND**
- ☐ Copy of death certificate
- AND**
- ☐ Copy of Veteran's military discharge

**Spouse** All item required

- ☐ Copy of marriage certificate
- AND**
- ☐ Copy of Veteran's military discharge

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

CVSO Signature

**NEEDS LEGIBLE SIGNATURE**

Date

03-10-2017

*Print Name if not Legible.*