



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

Application Date 03-06-2017

County **Cass-Dan**

ASSISTANCE NEEDED

☒ Dental ☐ Optical ☐ Hearing ☐ Transportation ☐ Special ☐ Dentures

APPLICANT INFORMATION

Name [REDACTED]			<input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Widow
Address [REDACTED]			Resident of North Dakota <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City Fargo	State ND	Zip Code 58102-0000	How long have you been a North Dakota resident? 67
Telephone Number [REDACTED]			Have you previously applied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number [REDACTED]			When did you apply? 2015
Date of Birth [REDACTED]			What Program(s) Dental

VETERAN INFORMATION

Date Enlisted 08-15-1969	Place Enlisted FARGO, ND.	
Date Discharged 07-19-1971	Place Discharged FT. DIX, NJ.	Type of Discharge Honorable

DEPENDENT INFORMATION

Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Spouse	Date of Birth	Social Security Number

Child Support ☐ Receiving-List Amount: \$ 0 ☐ Paying-List Amount: \$ 0

INCOME INFORMATION

Present Employer N/A			Position Held
Name of Supervisor			How Long at This Position?
Address			Salary/Month \$
City	State	Zip Code	Telephone Number

SPOUSE INFORMATION

Present Employer N/A			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	\$1075	\$0	\$1075	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
Checking	Town & Country		\$ 200
Savings	Town & Country		\$ 100
			\$

MEDICAL LIABILITIES

	Name	Monthly Payment	Balance
Hospital Insurance		\$	\$
Prescriptions		\$	\$
	Dental	\$ 100	\$ 2100
Monthly Medical bills being paid on	04-0-2017		
		\$	\$
Total Monthly Medical Expenses Being Paid		\$ 100	

Monthly Income \$ 1075

Less Medical \$ 100

Add/Less Child Support

Net Income \$ 975

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

03-06-2017

SERVICE OFFICERS USE ONLY

Do you feel this request is a hardship need?

☒ Yes
☐ No

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

☒ Yes
☐ No

CVSO Recommendation

☒ APPROVAL
☐ DISAPPROVAL

Explanation

Veteran needs a tooth extraction ASAP.

I DO NOT FILE TAXES: 

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

CVSO Signature



Date

03-06-2017

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

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

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

OR

☐ A signed release from applicant authorizing commissioner to obtain such information from the North Dakota Tax Department

Residency

☒ 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

☐ Copy of DD214

OR

☐ Copy of military orders showing active duty requirements have been met

Unmarried Widow

☐ Copy of marriage certificate

AND

☐ Copy of death certificate

AND

☐ Copy of Veteran's military discharge

Spouse

☐ Copy of marriage certificate

AND

☐ Copy of Veteran's military discharge

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

CVSO Signature

Daniel R. Thorstad

Date

03-06-2017



CASH ASSET VERIFICATION
VETERANS AFFAIRS
 SFN 58539 (11-2008)

Name

Date

3/6/2017

I/We give the permission to have the following information filled in with exact amounts, revealing present financial circumstances.

Signature

The following information must be completed by an official from your bank or other financial institution:

Type of Account	Average Balance (past 90 days)
Savings	\$ 76.42
Checking	\$ 181.31
Savings Bonds	\$ N/A
Certificate of Deposit	\$ N/A
Savings Certificate	\$ N/A
IRA	\$ N/A
Burial Fund	\$ N/A
Other (explain)	\$ N/A
Total of all Accounts	\$

Name of Bank or Financial Institution

Town & Country Credit Union

Signature of Official

Date

3/6/17

Lead MSR

CASS COUNTY GOVERNMENT
VETERANS SERVICE OFFICE

211 9TH ST S, BOX 2806

FARGO, ND 58108

Phone: 701.241.5756

Fax: 701.239.6751

RETURN TO: ND Department of Veterans Affairs
 PO Box 9003
 Fargo, ND 58106-9003
 Fax: (701) 289-7166



**Department of
Veterans Affairs**

2101 ELM ST
FARGO ND 58102

December 12, 2016

Veteran's Name:

FARGO ND 58102

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is:

You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Army, Honorable, 15-Aug-1969 - 19-Jul-1971

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes

Are you receiving non-service-connected pension: Yes

Your combined service-connected evaluation is: 0 PERCENT

The effective date of the last change to your current award was: 01-DEC-2016

Your current monthly award amount is: \$1,075.00

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,

Regional Office Director



A New Year is a Great Time For ...

New recipes, new ways to be energy efficient, new rebates, new prizes and more.

Join our growing number of followers on Facebook, Twitter, Pinterest and YouTube who stay in the know about important information.



To Do: Call 8-1-1

It's spring—time to dig, install and plant. But first call **8-1-1** to be sure where you plan to dig is safe. Underground natural gas pipes, electric cables and other lines can be buried beneath your project area. You're required by law to call **8-1-1**, wait for utilities to mark their lines, then dig carefully, by hand, near the markings. When planning your project, make calling **8-1-1** the first thing you do.



SERVICE ADDRESS	ACCOUNT NUMBER	DUE DATE
[REDACTED] FARGO, ND 58102-3651	[REDACTED]	05/28/2014
STATEMENT NUMBER	STATEMENT DATE	AMOUNT DUE
[REDACTED]	04/30/2014	\$21.07

SERVICE ADDRESS: [REDACTED] FARGO, ND 58102-3651
NEXT READ DATE: 06/02/14

ELECTRICITY SERVICE DETAILS

PREMISES NUMBER: [REDACTED]
INVOICE NUMBER: [REDACTED]

METER READING INFORMATION			
METER [REDACTED]	Read Dates: 03/31/14 - 04/29/14 (29 Days)		
DESCRIPTION	CURRENT READING	PREVIOUS READING	USAGE
Total Energy	31452 Actual	31331 Actual	121 kWh

ELECTRICITY CHARGES

RATE: Residential Service

DESCRIPTION	USAGE UNITS	RATE	CHARGE
Basic Service Chg			\$9.00
Energy Charge Winter	121 kWh	\$0.049970	\$6.05
Fuel Cost Charge	121 kWh	\$0.035290	\$4.27
Interim Rate Adj			\$1.84
Subtotal			\$21.16
City Fees		2.00%	\$0.42
Total			\$21.58

Residential



**Know what's below.
Call before you dig.**

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]		2. SERVICE NUMBER NA		3. SOCIAL SECURITY NUMBER [REDACTED]		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY AUS CE		5a. GRADE, RATE OR RANK SP4	6. PAY GRADE E4	7. DATE OF RANK DAY MONTH YEAR 26 JUN 70		
	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9. PLACE OF BIRTH (City and State or Country) MOORHEAD MN		10. DATE OF BIRTH DAY MONTH YEAR [REDACTED]			
SELECTIVE SERVICE DATA	11. SELECTIVE SERVICE NUMBER [REDACTED]		12. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB# 9 FARGO ND		13. DATE INDUCTED DAY MONTH YEAR 15 AUG 69		
	14. TYPE OF TRANSFER OR DISCHARGE TRF TO USAR (SEE 16)		15. STATION OR INSTALLATION AT WHICH EFFECTED FT DIX NJ				
TRANSFER OR DISCHARGE DATA	16. RETURN AND AUTHORITY AR 635-200 SPN 411 EARLY SEP FR OS		17. EFFECTIVE DATE DAY MONTH YEAR 19 JUL 71	18. TYPE OF CERTIFICATE ISSUED NONE			
	19. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHB 2/60 ARTY USAREUR		20. CHARACTER OF SERVICE HONORABLE		21. REENLISTMENT CODE REL		
	22. DISTRICT, AREA COMMAND OR CORPS TO WHICH RE-TRANSFERRED TRF TO USAR CON GP (ANL TNG) USAAC ST LOUIS MO						
	23. TERMINAL DATE OF PERFORMANCE DAY MONTH YEAR 14 AUG 75		24. CURRENT SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (From Inductant) <input type="checkbox"/> ENLISTED (From Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER NA		25. TERM OF SERVICE (Years) 2		
SERVICE DATA	26. PRIOR REGULAR ENLISTMENT NONE		27. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE PV 1		28. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) FARGO ND		
	29. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) FARGO (CASS) ND 58102		30. STATEMENT OF SERVICE YEARS MONTHS DAYS (1) NET SERVICE THIS PERIOD 1 11 4 (2) OTHER SERVICE 0 0 0 (3) TOTAL (Line (1) plus Line (2)) 1 11 4 a. TOTAL ACTIVE SERVICE 1 11 4 b. FOREIGN AND/OR SEA SERVICE USAREUR 0 11 25				
	31. SPECIALTY NUMBER & TITLE 52B20 GEN MECH		32. RELATED CIVILIAN OCCUPATION AND D.U.T. NUMBER 952 732 POWER PLANT OPER				
	33. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED GOOD CONDUCT MEDAL NATIONAL DEFENSE SERVICE MEDAL EXPERT M-14 M-16						
	34. EDUCATION AND TRAINING COMPLETED ATP 21-114 CODE OF CONDUCT CRSE B MIL JUS GENEVA CON GBR TNG SAEDA BHD						
	35. NON-PAY PERIODS TIME LOST (Specifying Type Reason) NONE		36. DAYS ACCRUED LEAVE PAID NONE		37. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
VA AND EMP. SERVICE DATA	38. VA CLAIM NUMBER C. NA		39. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
	40. REMARKS BLOOD GP AB NEG 2 YRS HS (GEN)		41. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED [REDACTED]				
AUTHENTICATION	42. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) [REDACTED] FARGO ND 58102		43. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [REDACTED]				
	44. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER [REDACTED]		45. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [REDACTED]				

DD FORM 214 JUL 70

PREVIOUS EDITION OF THIS FORM IS TO BE USED.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

1

I am reasonably sure that this is a true copy of the original document. *Shirley* 4/10/74