



STATE OF NORTH DAKOTA  
Department of Veterans Affairs  
4201 38th Street SW, Suite 104; PO Box 9003  
Fargo, North Dakota 58106-9003

**Impact and Discretionary Funding Requests**

\*\*\*Impact grant must be accompanied by a completed Grant application SPN 54410\*\*\*

**Applicant Info:**

Date: 07/29/2016

Name: [REDACTED] SSN: [REDACTED]  
Verified the applicant is a ND Resident Veteran: ☒ Yes ☐ No Phone: [REDACTED]  
Address: [REDACTED] Argusville, ND 58005  
DD 214 ☒ included ☐ forwarding

**Payee Info:**

Name [REDACTED] Attn: [REDACTED]  
Address: [REDACTED] Fargo, ND 58102  
Will accept: Check ☒ Yes ☐ No Credit Card ☐ Yes ☐ No Phone: [REDACTED]

a. Clear and simple explanation of situation and the events that led to this situation:

Veteran currently owns a trailer that does not have any working plumbing. He rents the land that the trailer is on. He has been in contact with Rural Development/FSA, but does not qualify for their grant program given the fact that he does not own the land the trailer is on. Currently, he showers at friends' houses or rents a hotel room every so often to take care of basic hygiene needs. His young daughter and wife have not been able to live with him as it has been unsafe for his minor child. Give the family separation, it has caused a financial hardship for the family and they need to move back soon.

b. Clear explanation of what is needed and when it is needed:

Veteran needs assistance in repairing the plumbing in the trailer to ensure it's livability. Otherwise, the trailer is sound, safe, and affordable for his family. He has made it work this long, but the sooner the better.

## c. List of all resources applied for. Which agencies will help and which are exhausted and why?

He has been in contact with Rural Development/FSA, but does not qualify for their grant program given the fact that he does not own the land the trailer is on.

After calling around to multiple companies and services to compare prices, he has found a handyman that is certified/insured to do the work to fix the plumbing in the trailer. [REDACTED] for \$4000. The written estimate will be attached to the grant. This will include replace the broken pipes, fix leaks, and go over all the plumbing to ensure that it is all in working order.

[REDACTED] is insured under Auto Owners Insurance: Policy Number # [REDACTED] Verified via Dustin at Ihry Insurance on 7/29/2016 by Calie Lindseth.

## d. Clear plan that will leave the applicant in a good position to continue on without further assistance.

The veteran has steady employment, has good work history, and has decent income from the VA. He owns this trailer, but does not have the means to afford the major repairs it needs to get over this hurdle.

While he did need a grant in 2014, he has remained in the care of the VA for mental health counseling and is doing well emotionally and is succeeding otherwise. Keeping him housed is critical to keeping him healthy. I feel that his is a once time assistance, coupled with his work history and VA counseling connection, he will continue to be successful.

Thank you for your consideration!

*I attest the information contained in this form is true and accurate to the best of my knowledge.*

Name of representative and title:

Calie Lindseth, WVC

Phone Number: (701) 451-4645

Email:

calie.lindseth@va.gov



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

Application Date 07-29-2016

County ND DVA

**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 Argusville	State ND	Zip Code 58005	How long have you been a North Dakota resident? 43 years
Telephone Number [REDACTED]			Have you previously applied? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number [REDACTED]			When did you apply? March 2014
Date of Birth [REDACTED]			What Program(s) Unknown <i>Discretionary</i>

**VETERAN INFORMATION**

Date Enlisted 09-03-1991	Place Enlisted Fargo, ND
Date Discharged 01-20-1994	Place Discharged Ft Polk, LA
Type of Discharge Honorable	

**DEPENDENT INFORMATION**

Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Spouse [REDACTED]	Date of Birth [REDACTED]	Social Security Number [REDACTED]
Name of Dependent Children [REDACTED]	Date of Birth [REDACTED]	Social Security Number [REDACTED]
Child Support <input type="checkbox"/> Receiving-List Amount: \$ 0 <input type="checkbox"/> Paying-List Amount: \$ 0		

**INCOME INFORMATION**

Present Employer Don's Carwash	Position Held Wash Attendent
Name of Supervisor Neal Johnson	How Long at This Position? 11months
Address 2727 13th Ave. S	Salary/Month \$ 1600.00
City Fargo	State ND
Zip Code 58103	Telephone Number 701-280-0010

**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

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**OTHER INCOME**

Benefit	Veteran	Spouse	Total	Benefit	Veteran	Spouse	Total
VA S/C Compensation	\$1530.71	\$0	\$1530.71	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
Pre-Paid Debit Card	NetSpend		\$ 98.45
			\$
			\$

**MEDICAL LIABILITIES**

	Name	Monthly Payment	Balance
Hospital Insurance		\$	\$
Prescriptions		\$	\$
		\$	\$
Monthly Medical bills being paid on			
		\$	\$
Total Monthly Medical Expenses Being Paid			\$ 0
Monthly Income	\$ 3130.71		
Less Medical	\$ 0		
Add/Less Child Support			
Net Income	\$ 3130.71		

**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.

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**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 currently owns a trailer that does not have any working plumbing. He rents the land that the trailer is on. He has been in contact with Rural Development/FSA, but does not qualify for their grant program given the fact that he does not own the land the trailer is on. Currently, he showers at friends houses or rents a hotel room every so often to take care of basic hygiene needs. His young daughter and wife have not been able to live with him as it has been unsafe for his minor child. Give the family separation, it has caused a financial hardship for the family and they need to move back soon.

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[REDACTED] is insured under Auto Owners Insurance: Policy Number # [REDACTED] Verified via Dustin at Ihry Insurance on 7/29/2016 by Calie Lindseth.

This veteran has done his due diligence researching other ways to solve this issue, including trying to fix it himself. He does not possess the skills necessary to do so. Additionally, with a minor child in the home, this repair is critical to the health and well being of the child and the family. I strongly recommend the approval of this grant as we, both the veteran and myself, have researched other options, funding sources, and companies to do the work, and have found the best company to do the work to be good stewards of the money of the ND DVA.

Thank you for your time and support for this veteran.

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

CVSO Signature



7/29/2016



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## 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

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

### 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

*[Handwritten Signature]*

7/29/2016

**From:** Lindseth, Calie C. <Calie.Lindseth@va.gov>  
**Sent:** Monday, August 08, 2016 2:36 PM  
**To:** Rivera Rivera, Joanne M.  
**Subject:** [REDACTED] Grant

[REDACTED] Grant

We contacted Rebuild Together Fargo/Moorhead, Helping Hands, and Lutheran Social Services (Rural Services). He didn't qualify for SSVF given the circumstances.

Calie C Lindseth  
North Dakota Department of Veteran Affairs  
Women's Veteran Coordinator  
701-451-4645  
701-451-4674 (fax)  
[calie.lindseth@va.gov](mailto:calie.lindseth@va.gov)

*Add detailed email to spec for  
some of the a grant's  
contact*