



SAN JUAN COUNTY VETERANS' ASSISTANCE FUND

Application Process

Those who have served more than 180 days of active duty or their immediate family members who need assistance should apply through local Veterans' Advisory Board members or American Legion posts. The following will have applications on hand. Those with a dishonorable discharge are not eligible. ***(Dedicated assistance call-in line is 370-7632, messages are checked daily.)***

Applications are available at these locations:

San Juan County Council Office
55 Second Street, First Floor
Friday Harbor, WA 98250
(360) 378-2898

American Legion Club, Post 163
Friday Harbor, WA
(360) 378-5705

Family Resource Center,
Friday Harbor (360) 378-5246

Sheriff's Offices:

San Juan Island (360) 378-4151
Lopez Island (360) 463-2333
Orcas Island (360) 376-2207
Shaw Island (360) 468-2333
Other Islands (360) 378-4151

American Legion Post 93
793 Crescent Beach Dr.
Eastsound, WA Orcas Island
(360) 376-4987

American Legion Post 185
Lopez Island
(360) 468-2264

Senior Center, Mullis Center,
Friday Harbor (360) 378-2677

Senior Center, Lopez Center, Lopez
(360) 468-2421

Senior Center, Eastsound, Orcas Island
(360) 376-2677

Libraries:

SJI (360) 378-2798 / Orcas Island (360) 376-4985 / Lopez Island (360) 468-2265

Application information can also be obtained through the San Juan County website at <http://www.sanjuanco.com/committees/veterans/docs/SJCVeteransAssistanceApplication.pdf>

What to bring:

- ✓ **DD214** or Statement of Service. If you don't have either, call the Veterans' Administration Regional Office at 1-800-827-1000 for assistance. Discharge Certificate for WWII veterans.
- ✓ **Proof of San Juan County residency** at time of application and 12 consecutive month's residency in Washington State.
- ✓ **Photo ID** such as drivers license, state ID, passport.
- ✓ **Proof of registration with the Washington State Job Service Veterans Section.** Those on disability are exempt.
- ✓ **If married, marriage certificate, and birth certificate or adoption papers** of dependent children.
- ✓ **Income verification** that demonstrates need of assistance (pay stubs, tax return, unemployment check stubs, etc.)
- ✓ **Rental assistance requests:** Copy of rental agreement/lease, plus written documentation such as late rent notice or eminent eviction. Hand written notes are not acceptable. Applicants must be able to demonstrate how they are going to pay future rent.



SAN JUAN COUNTY VETERANS' ASSISTANCE APPLICATION

Date: _____

APPLICANT INFORMATION *(Dedicated assistance call-in line is 370-7632, messages are checked daily.)*

Last First, Middle Initial Phone

Address City/State/Zip

Social Security # _____ - - Birth Date ____ / ____ / ____ Male Female

Marital Status (Check One) Single Married Divorced Widowed

Number of Dependent(s) living with you: ____ If you are a dependent, orphan or widow/widower, name the Veteran through which you are applying for assistance and their relationship to you:

Years of residency in Washington State: _____ Period of residency in San Juan County: _____

MILITARY QUALIFICATIONS *(Attach copy of DD-214 or Certificate of Discharge)*

Enlistment Date: _____ Branch: _____

Discharge Date: _____ Type of Discharge: _____

INCOME INFORMATION/QUALIFICATION

Please list all sources of income that demonstrate the need of assistance (pay stubs, tax return, unemployment check stubs, social security payments, DSHS assistance check stubs, etc.)

Have you applied for assistance from the Department of Social and Health Services, State of Washington, US Veterans Administration, Social Security, or any other agency? Yes No If yes, please provide details:

REASON ASSISTANCE IS BEING REQUESTED *(PLEASE INCLUDE ANY BACKGROUND INFORMATION AVAILABLE)*

ASSISTANCE REQUESTED

What is the amount you are requesting, and for what purpose(s) (food, transportation costs, car repair, clothing, rent, or other - please specify). Include names and addresses of persons or businesses to which checks should be made out to, and attach documentation.

Amount Requested	Purpose	Name and Address of Vendor

Please note: the VAB will not approve financial assistance for any of the following: alcohol, tobacco, recreational drugs, lottery tickets, non-essential grocery store items, and mortgage payments.

ATTEST

I hereby swear that I am an indigent veteran, or veteran's dependent, and am applying for assistance from the taxpayers of San Juan County, based on the representations set forth above, which I swear to be true under penalty of perjury.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE – THIS AREA IS FOR REVIEWER ONLY

Date Request Received: _____ Intake Representative: _____

Interview/Review conducted by: _____ Date: _____

SENIOR CENTER VAB MEMBER AMERICAN LEGION OTHER

Date Review Completed: _____ Recommendation: _____

APPROVED:

Veterans' Advisory Board Chair

Date