



Caldwell County Veteran Services Office

2025 Assistance Application

Date: _____

Application Information:

Full Name: _____ DOB: _____

Address: _____ Phone: _____

_____ Email: _____

Circle One: Veteran Spouse Other: _____

Vet/Vet Spouse SSN: _____ Gender: _____

Race: _____ Ethnicity: _____

How Many People live in your household _____

List all Household Members & Ages: (Household Members 18 & older MUST provide bank account information)

Primary/Head of Household: _____

Do you live in Caldwell County? Y N

Are you employed full time? Part time? Y N _____

Unemployed short-term, less than 6 months? Y N

Unemployed long-term, more than 6 months? Y N

Are you retired? Y N

Do you have a checking account? Y N Acct. Bal. \$ _____

Do you have a savings account? Y N Acct. Bal. \$ _____

Household Member: _____

Are you employed full time? Part time? Y N _____

Unemployed short-term, less than 6 months? Y N

Unemployed long-term, more than 6 months? Y N

Are you retired? Y N

Do you have a checking account? Y N Acct. Bal. \$ _____

Do you have a savings account? Y N Acct. Bal. \$ _____

Household Member: _____

Are you employed full time? Part time? Y N _____

Unemployed short-term, less than 6 months? Y N

Unemployed long-term, more than 6 months? Y N

Are you retired? Y N

Do you have a checking account? Y N Acct. Bal. \$ _____

Do you have a savings account? Y N Acct. Bal. \$ _____

Assistance Requested: Place an X on the assistance needed.

Food Assistance: _____ Rent/Mortgage Assistance: _____ Utilities Assistance: _____

Gas/Transportation: _____ Misc Assistance (Describe): _____

Household Member: _____

Are you employed full time? Part time? Y N _____

Unemployed short-term, less than 6 months? Y N

Unemployed long-term, more than 6 months? Y N

Are you retired? Y N

Do you have a checking account? Y N Acct. Bal. \$ _____

Do you have a savings account? Y N Acct. Bal. \$ _____

Household Member: _____

Are you employed full time? Part time? Y N _____

Unemployed short-term, less than 6 months? Y N

Unemployed long-term, more than 6 months? Y N

Are you retired? Y N

Do you have a checking account? Y N Acct. Bal. \$ _____

Do you have a savings account? Y N Acct. Bal. \$ _____

Household Member: _____

Are you employed full time? Part time? Y N _____

Unemployed short-term, less than 6 months? Y N

Unemployed long-term, more than 6 months? Y N

Are you retired? Y N

Do you have a checking account? Y N Acct. Bal. \$ _____

Do you have a savings account? Y N Acct. Bal. \$ _____

Request for Services:

In accordance with program rules and guidelines, the recipient of services shall hold harmless Veteran Services Office of Caldwell County, Caldwell County, Texas Veterans Commission, and VSOCC service providers. The recipient of services understands and agrees that after an application is received by VSOCC, it must first be reviewed to determine eligibility for approval. Food Assistance purchase orders will be subsequently placed upon receipt of an approved completed application package that includes a copy of the DD-214, DD-215, or NGR-22; most recent 30-day bank statement with the bank name and recipient of services name displayed; and a marriage certificate for Veteran Spouses or marriage certificate or death certificate for Surviving Spouses.

Additionally, the recipient of services understands that each Veteran Household is given an allotment based on household composition.

Client Rights, Responsibilities and Release of Information:

1. You have the right to be treated with respect and consideration concerning your person, property, and privacy.
2. You have the responsibility to show respect and consideration towards all Caldwell County Veteran Service Office staff, subcontractors, or service providers.
3. You may NOT be denied services based on race, religion, color, national origin, gender, disability, or marital status.
4. You have the right to be informed of any changes in services within 72 hours of the notice of change.
5. You have the responsibility to inform VSOCC staff if your resource situation changes, and you no longer are eligible for the program.
6. VSOCC has the right to discontinue program assistance services at our discretion at any time if we become aware that you no longer are eligible for the program.
7. You certify that all information in this application, including resources, is current and accurate.

Primary Applicant: _____

Signature: _____

This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families. For more information, visit www.tvc.texas.gov.

Official Use Only: Approved: _____ Denied: _____