Stevens County Veterans Relief Fund (VRF)
Application for Emergency Financial Assistance

Authorized under RCW 73.08 | Administered by the Stevens County Auditor's Office
All individual applicants and/or Veteran Service Officer preparers MUST review the VRF Policy found at www.stevenscountywa.gov/20836/auditors-office
Surviving spouses must submit a copy of the veteran's death certificate and their marriage certificate.

SECTION A – Applicant Information

Veteran / Eligible Family Member Name: _____ Date of Birth: _____

Physical Address (required): _____

PO Box (for mail correspondence only; physical address required to assess eligibility): _____

City / State / Zip: _____

Length of Stevens County Residence (check one): ☐ 60+ days ☐ Homeless

Phone: _____ Email: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Mail

SECTION B – Veteran Status

Branch of Service: _____ Dates of Service: From _____ To _____

Discharge Type: ☐ Honorable ☐ General (Under Honorable Conditions) ☐ Other _____

Proof Attached: ☐ DD-214 ☐ VA ID ☐ Other _____

SECTION C – Household Information

Marital Status: _____ Number of Dependents: _____

SECTION D – Residency

Residency Proof Attached: ☐ Lease ☐ Utility Bill ☐ Other _____

Homeless Verification (if applicable): ☐ Service Provider Statement ☐ VSO Verification

SECTION E – Indigent Status (check at least one)

☐ Receiving public assistance (attach proof)

☐ Total Household Income ≤ 150% Federal Poverty Level

☐ Unable to meet basic needs due to insufficient funds (additional documentation may be required)

VA Disability %: _____ Monthly Amount: $_____

SECTION F – Emergency Need (check all that apply)

☐ Housing ☐ Utilities ☐ Food ☐ Medical ☐ Transportation ☐ Employment Clothing ☐ Burial/Cremation

SECTION G – Assistance Requested

Total Amount Requested: $_____ Received Veteran Relief Fund help in past 12 months? ☐ Yes ☐ No

SECTION H – Food Vouchers (if applicable)

Requested Grocery Vendor: _____

Preferred Denominations: ☐ $25 ☐ $50 ☐ $100 ☐ Other $_____ Total Voucher Amount Requested: $_____

SECTION I – Applicant Certification

I have read and understand all eligibility requirements and limitations to use of the Veteran's Relief Fund, as outlined in the Veteran Relief Policy. I certify under penalty of perjury that the information I have provided is true and correct.

Applicant Signature: _____ Date: _____

SECTION J – Preparer (individual assisting veteran applicant, if applicable)

Organization: _____ Representative (print): _____

Signature: _____ Date: _____

SECTION K – Auditor Use Only

Amount Approved: $_____ Approval: ☐ Auditor (up to $1000.00) ☐ BOCC (up to $3000.00)

Signature: _____ Date: _____

SECTION L - BOCC Approval (if applicable, per the VRF Policies & Procedures adopted 11/07/2025.)

Signatures: Approval Date: _____

_____
Commissioner, District 3

_____
Commissioner, District 2

☐ Routed to Auditor on:_____

_____
Commissioner, District 1

Addendum: Documentation Checklist

This checklist must be completed and attached to the Veterans Relief Fund Application. Submission of this checklist does not guarantee approval. Incomplete applications may be returned for follow-up.

APPLICANT NAME: _____ DATE: _____

SECTION 1 – REQUIRED FOR ALL APPLICATIONS

☐ Completed and signed VRF Application

☐ Applicant Certification (signed)

☐ Description of emergency need (Section F of application)

SECTION 2 – PROOF OF VETERAN STATUS (REQUIRED) Attach at least one:

☐ DD-214 (Certificate of Release or Discharge from Active Duty)

☐ VA Identification Card

☐ Other official military service documentation: _____

SECTION 3 – PROOF OF STEVENS COUNTY RESIDENCY (REQUIRED)

Attach at least one (dated within 90 days):

☐ Lease or rental agreement

☐ Utility bill

☐ Official government or service-provider correspondence

☐ Other documentation:

_____

Homeless Applicants (if applicable – attach one):

☐ Written statement from shelter, service provider, or faith-based organization

☐ Verification by identifiable Veteran Service Organization (VSO)

SECTION 4 – VERIFICATION OF INDIGENT STATUS (REQUIRED – at least one)

☐ Public assistance benefit statement (e.g., SNAP, SSI, TANF, Medicaid, ABD)

☐ Proof of household income (pay stubs, award letters, bank statements, etc. for last 60 days)

☐ Financial records demonstrating inability to meet basic needs

If receiving VA Disability Compensation:

☐ Disability percentage documentation (award letter) ☐ Other _____

(Note: Veterans Health Administration benefit amounts or medical documentation should not be submitted) VRF Application Revised 06.30.2026

SECTION 5 – VERIFICATION OF EMERGENCY NEED (REQUIRED)

Attach documentation showing immediate necessity:

☐ Eviction notice or rent demand

☐ Utility shut-off or past-due notice

☐ Heating fuel invoice or estimate

☐ Medical bill or prescription cost

☐ Transportation cost for employment or medical care (vehicle repairs/needs not eligible)

☐ Employment-related clothing or equipment estimate

☐ Burial or cremation invoice and proof of death (if applicable)

SECTION 6 – PAYMENT SUPPORTING DOCUMENTATION (AS APPLICABLE)

☐ Vendor invoice or bill showing payee and amount; an estimate is not acceptable

☐ W-9 or vendor setup information (if new vendor--call Auditor's Office to determine if this will be required)

☐ Receipts (required for any reimbursement request)

SECTION 7 – FOOD VOUCHER REQUESTS (IF APPLICABLE)

☐ Grocery vendor identified

☐ Voucher denominations selected

☐ Total voucher amount requested

☐ Applicant acknowledgment of allowable and prohibited items

SECTION 8 – ADDITIONAL INFORMATION (AS NEEDED)

☐ Death certificate and marriage license (required for surviving spouse applicants)

☐ Additional financial documentation requested by Auditor's Office

☐ Clarifying documentation requested by BOCC

SECTION 9 – REVIEW & SUBMISSION CONFIRMATION

☐ Application reviewed for completeness

☐ All required documentation attached

☐ Application ready for submission

FOR AUDITOR'S OFFICE USE ONLY

☐ Complete package received

☐ Incomplete – follow-up required

Notes:

_____

_____

_____