# VETERANS ASSISTANCE COMMISSION

*of Macoupin County, Illinois*

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## Application for Financial Assistance

**Eligibility.** Macoupin County residents only; gross monthly household income at or below 130% of the Federal Poverty Guideline for household size. Total assistance is limited to $3,000 per household per VAC fiscal year (October 1 – September 30). Valid for one fiscal year; renew annually. (Policy MACVAC-VS-001; Resolution R-2026-16.)

**Bring:** DD-214/discharge, proof of Macoupin County residency, photo ID, the bill/invoice for what you are requesting, proof of income (last 30 days), 90-day bank statement, and marriage license/birth certificates if claiming dependents.

### Section 1 — Applicant & Household

**Veteran Name**

**Date**

**SSN**

**Date of Birth**

**Phone**

**Email**

**Residence Address**

**Mailing Address (if different)**

**Spouse Name (if any)**

**Spouse SSN**

**People in household**

**Macoupin County resident?** ☐ Yes ☐ No

**How long at this address**

**Dependents in household (Name — Date of Birth — Relationship)**

### Section 2 — Monthly Household Income (net)

| Source | Veteran | Spouse / Other |
|---|---|---|
| Employment (wages) | $ | $ |
| VA Compensation / Pension | $ | $ |

| | | |
|---|---|---|
| Social Security (SS / SSI / SSDI) | $ | $ |
| Unemployment | $ | $ |
| Retirement / Other Pension | $ | $ |
| Child Support / Alimony | $ | $ |
| SNAP / TANF / Public Aid | $ | $ |
| Other | $ | $ |
| **TOTAL MONTHLY INCOME** | **$** | **$** |

## Section 3 — Monthly Household Expenses

**Rent / Mortgage**
$

**Electric**
$

**Gas**
$

**Propane**
$

**Water**
$

**Sewer**
$

**Trash**
$

**Phone / Internet**
$

**Vehicle Payment (Vehicle 1)**
$

**Vehicle Payment (Vehicle 2)**
$

**Vehicle Insurance**
$

**Auto Fuel**
$

**Food / Groceries**
$

**Medical / Prescriptions**
$

**Childcare**
$

**Child Support Paid**
$

**Other**
$

**TOTAL MONTHLY EXPENSES**
**$**

## Section 4 — Debts & Obligations

| Creditor / Account Type | Balance Owed | Min. Monthly Pmt |
|---|---|---|
| | $ | $ |
| | $ | $ |
| | $ | $ |

| | | |
|---|---|---|
| | $ | $ |
| | $ | $ |

**TOTAL MONTHLY DEBT PAYMENTS** $

## Section 5 — Assets

**Bank — Checking balance** $

**Savings balance** $

**Vehicle 1 (Make/Model/Year)**

☐ Owned ☐ Financed

**Vehicle 2 (Make/Model/Year)**

☐ Owned ☐ Financed

## Section 6 — Assistance Requested

Check all that you are requesting (categories per Policy MACVAC-VS-001 §6):

☐ Food & Personal Necessities **Housing:** ☐ Rent ☐ Mortgage

**Utilities & Fuel:** ☐ Electric ☐ Gas ☐ Propane / Heating Fuel ☐ Water ☐ Sewer

☐ Medical Transportation (to VA care) ☐ Burial Assistance

☐ Other Emergency Needs:

**Itemize the bills you need help with (up to 4 per visit)**

| Bill / Vendor | Amount | Make Payable To |
|---|---|---|
| | $ | |
| | $ | |
| | $ | |
| | $ | |

**If Food — preferred voucher store**

Select…

**Received VAC assistance since Oct 1 (this fiscal year)?**

☐ Yes ☐ No If yes, $

## Section 7 — Other Agencies (applied to in the last 180 days)

| Agency | Applied? | Date / Result |
|---|---|---|
| IDES (Employment Security) | ☐ Y ☐ N | |
| IDHS / Township Assistance | ☐ Y ☐ N | |
| Social Security Administration | ☐ Y ☐ N | |

Carlinville Job Center ☐ Y ☐ N

## Section 8 — Hardship Explanation

**Explain the emergency, unexpected expense, or loss of income. Attach copies of bills, invoices, or receipts.**

## Section 9 — Certifications & Signature

I certify that the information in this application is true and complete to the best of my knowledge. I understand that providing false information may result in denial or termination of assistance and possible prosecution under Illinois law. I understand eligibility is based on household income at or below 130% of the Federal Poverty Guideline for my household size; that total assistance is limited to $3,000 per household per VAC fiscal year (October 1 – September 30); and that I may reapply 30 days from the date of assistance if my situation is unchanged.

**Release of Information:** I authorize banks, employers, agencies, and the Bureau of OASDI to release information about my income, accounts, and benefits to the Veterans Assistance Commission of Macoupin County to verify eligibility.

**Appeal Rights:** If you disagree with the determination of this office, you may file an appeal within nine (9) days if mailed, or seven (7) days if given verbally.

**Applicant Signature**

**Date**

**Relationship to Veteran (if not the Veteran)**