VETERANS ASSISTANCE COMMISSION
of Macoupin County, Illinois

macvac.org
macvac@macvac.org
(217) 854-5249
Fax (217) 716-2311

NEW CLIENT INTAKE PACKET

CONTENTS

NOTE: Packet must be filled out and returned before appointment.

The Veterans Assistance Commission of Macoupin County (VAC) has adopted policies and procedures to ensure consistent delivery of service. The Superintendent may make exceptions through executive authority, when necessary, as empowered in 330 ILCS 45/10(a).

While these policies only address the major lines of service our office provides to the Veterans of Macoupin County, we make every attempt at providing a service that is easy to use, easy to understand and is as concise as possible. From time to time, and as our operational capacity allows, the VAC may add or reduce service programs to respond to the needs of our County Veterans.

We look forward to continuing to serve the Veterans of Macoupin County and are honored to be YOUR local, state and federal advocate.

We will never charge you any fees for any of our programs or services.

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ACKNOWLEDGMENT OF POLICIES & PROCEDURES

I hereby acknowledge that I have been made aware of the policies and procedures of the Veterans Assistance Commission of Macoupin County that apply to the assistance I am seeking — including the Financial Assistance Program Policy (MACVAC-VS-001) and the VAC's intake and assistance procedures — and that a copy, in electronic and/or paper form, has been made available to me for review. I understand that it is my responsibility to read these policies and procedures and familiarize myself with the information contained therein. I agree to comply with all the requirements and procedures applicable to acquire assistance from the Veterans Assistance Commission (VAC) of Macoupin County.

I further understand that these policies and procedures are not a contract and that changes may occur. I agree to comply with any changes to these policies and procedures as I am made aware.

Name of Applicant: _____ Date: _____

Applicant Signature: _____

Witness Name: _____ Signature: _____

These policies are available on our website: https://macvac.org

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DATE: _____

SUBJECT: RELEASE OF INFORMATION AUTHORIZATION

NAME:

Veteran: _____ **OR** Surviving Spouse: _____

I understand that it will be necessary for the Veterans Assistance Commission of Macoupin County representative to discuss and verify information about my financial situation, employment information and certain eligibility information for assistance through the VAC. I further understand that the information obtained by the VAC may be shared with other agencies for the purpose of verifying my eligibility for financial assistance.

I hereby acknowledge that the information related to my eligibility for the VAC requires certain verification and documentation and by my signature below, I authorize other agencies, and/or individuals to release information regarding my personal financial income, debts presently owed by the family and any other information deemed necessary by the VAC.

I certify to the best of my knowledge; all statements made to the VAC are true, and there is no intent to commit fraud. I further understand and acknowledge that if any of the information related to my eligibility determination has been falsified, I may be fully terminated from the program and subject to legal prosecution of the law by the Macoupin County State's Attorney.

I also understand that I will be required to apply for and/or participate in any program deemed appropriate by the VAC. In that regard, if I am deemed able to maintain full-time employment, I will be required to provide proof of a concerted effort to obtain such employment. This instrument shall authorize those facilities that I list as locations at which I applied for employment to furnish the information needed to the Veterans Assistance Commission of Macoupin County.

Continued on next page

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I hereby authorize the following persons or agencies to release information requested by the VAC of Macoupin County to: Veterans Assistance Commission of Macoupin County, 570 North Broad Street, P.O. Box 12, Carlinville, IL 62626, (217) 854-5249.

Illinois Department of Human Services	U. S. Department of Veterans Affairs
Illinois Department of Corrections	Township General Assistance
Illinois Department of Employment Security	Railroad Retirement System
Illinois Department of Veterans Affairs	Central Aid Registry

Macoupin County Veterans Assistance Commission

A digital or faxed copy of this document shall suffice as proper authorization for the release of the above information. This document shall suffice as authorization to release necessary information by any person, agency or organization not listed above.

I, _____ have received a copy of this document and acknowledge all information that is contained within.

Veteran's Signature OR Surviving Spouse: _____

Attested by: Veterans Assistance Commission Representative:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

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SIGNATURE PAGE

PLEASE SIGN LEGIBLY INSIDE THE BOX BELOW

With your consent, this signature will be scanned and used as a digital signature for future claim forms or documents that need to be submitted.

PRINT NAME: _____

For VA purposes only

PLEASE KEEP SIGNATURE WITHIN THE BOX

How did you hear about us?

- ☐ Referral
- ☐ Website
- ☐ Social Media
- ☐ VA Clinic/Hospital
- ☐ Veteran Service Organization
- ☐ Other: _____

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Documentation Checklist

Photo ID:

- ☐ Current State ID
- ☐ Driver's License
- ☐ VA ID
- ☐ Passport

Proof of Service:

- ☐ DD-214 (Member Copy 4)
- ☐ NGB-22/Reserve Discharge Orders

Marital Status:

- ☐ Marriage Certificate
- ☐ Divorce Decree
- ☐ Proof of Legal Separation

Dependents:

- ☐ Birth Certificates
- ☐ Social Security Cards
- ☐ Adoption Papers
- ☐ Proof of Custody
- ☐ Child Support
- ☐ Court Documents

For Compensation only:

Direct Deposit:

- ☐ Voided check
- ☐ MICR/Bank form showing acct/routing #

Claims Evidence:

- ☐ Nexus Letter
- ☐ Civilian Medical Records

Additional Documents Required for Temporary Financial Assistance:

Proof of Income:

- ☐ Social Security Letter (SS, SSI, SSDI)
- ☐ Wages (2 paystubs if bi-weekly/4 if weekly)
- ☐ Retirement, Pension, etc.
- ☐ VA Awards Benefit Summary Letter
- ☐ Copies of any other accounts (trust funds, bonds, etc.)
- ☐ Prior 2 months bank statements for all accounts
- ☐ Other forms of income (public aid, child support, unemployment, etc.)

Bill Statements:

- ☐ Utilities (gas, electricity, water, sewer, trash)
- ☐ Lease/Rental Agreement or Mortgage Statement

If Applicable:

Employability:

- ☐ Employment Search Records

Written Statements:

- ☐ Statement of Need/Hardship
- ☐ Explanation of Past Due Bills

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NEW CLIENT INTAKE QUESTIONNAIRE

Section 1: Veteran Information

Name of Veteran: _____

Maiden Name (if applicable): _____

SSN: _____

Date of Birth: _____

City/State/Country Born in: _____

Email Address: _____

Contact Phone Number(s):

Mobile: _____ Home: _____

Work: _____

Preferred type of contact: ☐ Call ☐ Email ☐ Text

Mailing Address:

_____

If P.O. Box, please note your residence address below:

_____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Optional Demographic Info:

Ethnicity: ☐ Alaskan Native ☐ American Indian ☐ Asian ☐ Black
☐ Hispanic ☐ Pacific Islander ☐ White

Gender: ☐ Male ☐ Female ☐ Other

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Section 2: Total Disability and Rating Information

Does the Veteran have a 70% or higher rating? ☐ Yes ☐ No

Awarded Disability %: _____

Combined Disability %: _____

Was the Veteran awarded either:

100% Permanent and Total ☐ Yes ☐ No

Individual Unemployability ☐ Yes ☐ No

Section 3: Disability History

Have you ever filed a claim with the VA? ☐ Yes ☐ No

Do you want VA Compensation in lieu of military retired pay? ☐ Yes ☐ No

Have you ever applied for or received disability severance/separation pay, or any other lump sum payment from the Armed Forces? ☐ Yes ☐ No

Are you in a nursing home now? ☐ Yes ☐ No

Are you receiving supplemental Social Security Income (SSI) or have applied for SSI but no decision has been made? ☐ Yes ☐ No

Is the Veteran covered by health insurance including coverage through spouse or other person? ☐ Yes ☐ No

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Section 3: Disability History (cont.)

Are you receiving military retired pay? ☐ Yes ☐ No

If Yes, Branch of Service: _____

Monthly Amount: _____

Will you receive military retired pay in the future? ☐ Yes ☐ No

What is your retired status? _____

What is your anticipated retirement date? _____

Section 4: Combat and POW info

Have you served in a combat zone since 2001? ☐ Yes ☐ No

Have you ever been a Prisoner of War? ☐ Yes ☐ No

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Section 5: Military Service

Service Type: (Check all that apply)

☐ Active ☐ National Guard ☐ Reserve

Which Military War Era did you serve in? (Check all that apply)

☐ Korean War (6/27/1950 – 1/31/1955)
☐ Vietnam-In Country (1/9/1962 – 5/7/1975)
☐ Vietnam-Era (2/28/1961 – 5/7/1975)
☐ Vietnam-Blue Water (1/9/1962 – 5/7/1975)
☐ Gulf War (8/2/1990 – present)
☐ Peace Time (between war periods)
☐ Operation Enduring Freedom (10/7/2001 – 2014)
☐ Operation Iraqi Freedom (3/19/2003 – 8/31/2010)
☐ Operation New Dawn (9/1/2010 – 12/15/2011)
☐ Global War on Terrorism (9/11/2001 – present)

Date ranges are general guides; the VA determines official period-of-service eligibility.

Date Entered into Service: _____

Date Separated from Service: _____

Place of Entry: _____

Place of Separation: _____

Branch: _____ Rank/Grade at Discharge: _____

Type of Discharge: ☐ Honorable ☐ General/Under Honorable Cond.

Service Medals Received: _____

Were you exposed to any toxic chemicals? ☐ Yes ☐ No ☐ Maybe

If Yes, What/Where/When:

_____

_____

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Section 6: Dependent(s)

Do you currently have a legal spouse? ☐ Yes ☐ No

Name: _____

SSN: _____ DOB: _____ Gender: _____

Place of Birth: _____ Phone Number(s): _____

Email Address: _____

Same Address as Veteran? ☐ Yes ☐ No

If No, List address: _____

Is this Spouse a Veteran? ☐ Yes ☐ No

How many times have they been married? (Besides to you) _____

Do they need Aid and Attendance? ☐ Yes ☐ No

Date of Marriage: _____ Place of Marriage: _____

Do you have any Dependent Children? ☐ Yes ☐ No

Name(s): _____

_____

SSN(s): _____

DOB(s): _____

Gender(s): _____

Place(s) of Birth: _____

Do they live with you? ☐ Yes ☐ No ☐ Joint Custody

☐ Biological ☐ Adopted ☐ Stepchild ☐ Guardianship

Are they in school full-time? ☐ Yes ☐ No

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PART 1: Compensation and Pension Claims

If you have filed a claim before:

Please list all conditions you have submitted a claim for thus far.

_____

_____

_____

List all NEW Medical conditions you wish to file a claim for:

Name of condition: _____

When did it start? _____

Do you have a diagnosis from a medical provider? ☐ Yes ☐ No

Where have you been treated for this condition?

Dr. Name: _____

Hospital/Clinic Name: _____

Address: _____

Does the condition prevent you from working? ☐ Yes ☐ No

Is this condition documented in your Service Treatment Records? ☐ Yes ☐ No

Do you have Civilian Medical Records for this condition? ☐ Yes ☐ No

Is this condition the result of an injury, disease, or event in military service?
☐ Yes ☐ No

If Yes, Explain: _____

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PART 1: Compensation and Pension Claims (Cont.)

Name of condition: _____

When did it start? _____

Do you have a diagnosis from a medical provider? ☐ Yes ☐ No

Where have you been treated for this condition?

Dr. Name: _____

Hospital/Clinic Name: _____

Address: _____

Does the condition prevent you from working? ☐ Yes ☐ No

Is this condition documented in your Service Treatment Records? ☐ Yes ☐ No

Do you have Civilian Medical Records for this condition? ☐ Yes ☐ No

Is this condition the result of an injury, disease, or event in military service?
☐ Yes ☐ No

If Yes, Explain: _____

(Continue on Blank Sheet of Paper for additional conditions)

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Veteran Conditions & Exposure Worksheet

List every condition you want VA to consider — do not leave any out. Even problems you think are minor or unrelated may be service-connected, secondary to another condition, or **presumptive**. You do not have to know how it connects to your service — that is our job.

Veteran Name

Date

Claimed Conditions — list all (use the back if you need more room)

#	Condition / Body Part	When it began / in-service event	Origin (S / W / Sec)	Treating now? (VA / Pvt / No)	Already rated? (Y/N — %)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

20					

*Origin key: **S** = started in service · **W** = existed before but worsened by service · **Sec** = secondary to / caused by another condition.*

Toxic Exposure & Service History — check all that may apply

These can make a condition **presumptive**, even if you never thought it was related. We will screen each one with you.

- ☐ **Vietnam, Thailand, or Korea DMZ** — Agent Orange / herbicides
- ☐ **Gulf War (1990–present), Southwest Asia** — undiagnosed / chronic multisymptom illness
- ☐ **Burn pits & airborne hazards** (Iraq, Afghanistan, Southwest Asia, etc.) — PACT Act
- ☐ **Radiation** — atmospheric nuclear testing, Hiroshima/Nagasaki occupation, nuclear cleanup
- ☐ **Camp Lejeune contaminated water** — Aug 1953 – Dec 1987
- ☐ **Asbestos**
- ☐ **Cold injury** — frostbite / prolonged cold exposure
- ☐ **Contaminated water / other environmental hazard**
- ☐ **Military Sexual Trauma (MST)** — you do not need to describe anything here; checking this lets us talk privately and confidentially
- ☐ **Other exposure:** _____

Deployments & Duty Locations (list all — most Veterans have several)

Location / Country / Base	Dates (from – to)	Unit / Branch

Anything Else We Should Know

In-service injuries, hospitalizations, events, or symptoms you have now — anything that might help connect a condition to your service.

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VA PRESUMPTIVE CONDITIONS

VA presumes that specific disabilities diagnosed in certain Veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a Veteran in one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded.

Gulf War/Southwest Asia/Burn Pit Veterans

Presumptive Conditions:

- Asthma that was diagnosed after service
- Chronic Bronchitis
- Chronic Fatigue Syndrome
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Rhinitis
- Chronic Sinusitis
- Constrictive Bronchiolitis or Obliterative Bronchiolitis
- Emphysema
- Fibromyalgia
- Granulomatous Disease
- Interstitial Lung Disease (ILD)
- Irritable Bowel Syndrome
- Pleuritis
- Pulmonary Fibrosis
- Sarcoidosis

These Cancers are now Presumptive:

- Brain Cancer
- Gastrointestinal Cancer of any type
- Glioblastoma
- Head Cancer of any type
- Kidney Cancer
- Lymphatic Cancer of any type
- Lymphoma of any type
- Melanoma
- Neck Cancer
- Pancreatic Cancer
- Reproductive Cancer of any type
- Male Breast Cancer
- Respiratory (Breathing-related) Cancer of any type
- Urethral Cancer
- Cancer of the paraurethral glands
- Bladder & Genitourinary Cancers
- Leukemia (all types)
- Multiple Myeloma
- Myelodysplastic Syndromes
- Myelofibrosis

Medically Unexplained Chronic Multi-Symptom Illnesses that exist for six months or more, such as:

- Cardiovascular Symptoms
- Fatigue
- GI Symptoms
- Headaches
- Joint Pain
- Menstrual Disorders
- Muscle Pain
- Neurological Symptoms
- Skin Symptoms
- Sleep Disturbance
- Weight Loss

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Former Prisoners of War

Imprisoned for any length of time.

- Any of the Anxiety States
- Dysthymic Disorder
- Heart Disease or Hypertensive Vascular Disease and their Complications
- Organic Residuals of Frostbite
- Post Traumatic Osteoarthritis
- Psychosis
- Stroke and its Residuals

Imprisoned for at least 30 days.

- Avitaminosis
- Beriberi
- Chronic Dysentery
- Cirrhosis of the Liver
- Helminthiasis
- Irritable Bowel Syndrome
- Malnutrition
- Any other Nutritional Deficiency
- Pellagra
- Peptic Ulcer Disease
- Peripheral Neuropathy

Agent Orange (AO) Exposure

- Acute and Subacute Peripheral Neuropathy
- AL Amyloidosis
- B-Cell Leukemias
- Chloracne or other Acne Form Disease
- Bladder Cancer
- Chronic Lymphocytic Leukemia
- Diabetes Type II
- Hodgkin's Disease
- Ischemic Heart Disease
- High Blood Pressure (Hypertension)
- Hypothyroidism
- Monoclonal Gammopathy of Undetermined Significance (MGUS)
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Parkinson's Disease
- Porphyria Cutanea Tarda
- Prostate Cancer
- Respiratory Cancers
- Soft Tissue Sarcoma
- Parkinson's-Like Symptoms

Veterans may have been exposed if they served in:

* Vietnam incl. Blue Water Navy (1/9/1962 – 5/7/1975)
* Korean DMZ (9/1/1967 – 8/31/1971)
* Thai Air Force bases (1/9/1962 – 6/30/1976)
* Laos (12/1/1965 – 9/30/1969)
* Cambodia at Mimot or Krek (4/16/1969 – 4/30/1969)
* Guam or American Samoa & territorial waters (1/9/1962 – 7/30/1980)
* Johnson Atoll (1/1/1972 – 9/30/1977)
* C-123 aircraft (1969 – 1986)
* Limited US military CONUS installations

Camp Lejeune Contaminated Water

Served at Camp Lejeune or MCAS New River for at least 30 cumulative days from August 1953 through December 1987.

- Adult Leukemia
- Aplastic Anemia and other Myelodysplastic Syndromes
- Bladder Cancer
- Kidney Cancer
- Liver Cancer
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Parkinson's Disease

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Thank you for completing Part 1 of the VAC Intake Packet. If you are not requesting temporary financial assistance, you are now finished with this form.

If you are requesting temporary financial assistance, please continue on to Part 2.

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Part 2: Temporary Financial Assistance

Assistance is limited to Macoupin County residents.

Have you received financial assistance from this office previously? ☐ Yes ☐ No

If yes, month & year of your last request _____

Please indicate what financial assistance you are requesting (check all that apply):

☐ Food ☐ Rental Assistance ☐ Mortgage Assistance

Utilities:

☐ Electric ☐ Gas ☐ Propane ☐ Water ☐ Sewer ☐ Trash

☐ Indigent Burial ☐ Household Incident ☐ Other:

As part of qualification, you must either apply online and provide proof (approval or denial), OR visit the agencies below and have them complete our forms.

IL Dept. of Employment Security
1300 South 9th Street, Springfield, IL 62703
(217) 558-0401 / (800) 244-5631
ides.illinois.gov · IllinoisJobLink.com

IL Dept. of Human Services
340 E. Wilson St., Carlinville, IL 62626
(217) 854-3145
abe.illinois.gov

Social Security Administration
1107 W. Ferdon, Litchfield, IL 62056
(877) 319-3077 · (800) 772-1213
ssa.gov

Carlinville Job Center — The Job Center, West Central
116 S. Plum St., Carlinville · (217) 854-9753
Job search & unemployment help

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Part 2: Temporary Financial Assistance (cont.)

Income Verification

Total Net Monthly Income _____ Family Size _____

Are you currently employed? ☐ Yes ☐ No

Monthly income — Yourself

Employment $ _____

VA Compensation or Pension $ _____

Retirement or Pension $ _____

Social Security $ _____

Child Support / Alimony $ _____

Side / Cash Business $ _____

Total $ _____

Monthly income — Spouse / Others

Employment $ _____

VA Compensation or Pension $ _____

Retirement or Pension $ _____

Social Security $ _____

Child Support / Alimony $ _____

Side / Cash Business $ _____

Total $ _____

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To: Illinois Department of Employment Security

Date _____

TO: ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

The Veterans Assistance Commission of Macoupin County is at present trying to assist:

Applicant's Name _____ SSN _____

The above person is required by this office to apply for assistance from any agency where they may be eligible. The named agency has my permission to release the information requested below to the Veterans Assistance Commission of Macoupin County.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY — CLIENTS DO NOT FILL OUT BELOW THIS LINE

Our guidelines require us to ensure that the people we assist are not drawing other benefits from other agencies. For audit purposes, this verification must be in writing. Please check the appropriate box below.

1) Has the client completed the skills match? ☐ Yes ☐ No

2) Has the client maintained a consistent job search? ☐ Yes ☐ No

3) Has the client applied for Unemployment? ☐ Yes ☐ No

4) Is the client eligible for benefits in another state? ☐ Yes ☐ No

5) Is the client eligible for Unemployment? ☐ Yes ☐ No

6) Is the client receiving Unemployment? ☐ Yes ☐ No

Last quarter with reported wages _____

Type of assistance being received _____ Amount _____

Name of Case Worker _____

Comments _____

THE ABOVE INFORMATION IS SUPPLIED FOR VAC CLIENT FILE ONLY.

Office Representative Signature _____ Date _____

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Subject: Illinois Department of Human Services

Date _____

SUBJECT: ILLINOIS DEPARTMENT OF HUMAN SERVICES

The Veterans Assistance Commission of Macoupin County is at present trying to assist:

Applicant's Name _____ SSN _____

The above person is required by this office to apply for assistance from any agency where they may be eligible. The named agency has my permission to release the information requested below to the Veterans Assistance Commission of Macoupin County.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY — CLIENTS DO NOT FILL OUT BELOW THIS LINE

Our guidelines require us to ensure that the people we assist are not drawing other benefits from other agencies. For audit purposes, this verification must be in writing. Please check the appropriate box below.

1) Has the client applied for assistance? ☐ Yes ☐ No

2) Is the client eligible for assistance? ☐ Yes ☐ No

3) Is the client receiving assistance? ☐ Yes ☐ No

4) Is the client receiving TANF? ☐ Yes ☐ No

Type of assistance being received _____

Type of assistance being received _____ Amount _____

Name of Case Worker _____

Comments _____

THE ABOVE INFORMATION IS SUPPLIED FOR VAC CLIENT FILE ONLY.

Office Representative Signature _____ Date _____

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To: Social Security Administration

Date _____

TO: SOCIAL SECURITY ADMINISTRATION

The Veterans Assistance Commission of Macoupin County is at present trying to assist:

Applicant's Name _____ SSN _____

The above person is required by this office to apply for assistance from any agency where they may be eligible. The named agency has my permission to release the information requested below to the Veterans Assistance Commission of Macoupin County.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY — CLIENTS DO NOT FILL OUT BELOW THIS LINE

Our guidelines require us to ensure that the people we assist are not drawing other benefits from other agencies. For audit purposes, this verification must be in writing. Please check the appropriate box below.

1) Has the client applied for Disability or SSI? ☐ Yes ☐ No

2) Is the client eligible for either of the above? ☐ Yes ☐ No

3) Is the client receiving either of the above? ☐ Yes ☐ No

4) Does the client have a valid Social Security Card? ☐ Yes ☐ No

Type of assistance being received _____

Type of assistance being received _____ Amount _____

Name of Case Worker _____

Comments _____

THE ABOVE INFORMATION IS SUPPLIED FOR VAC CLIENT FILE ONLY.

Office Representative Signature _____ Date _____

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Landlord Certification

Instructions: This form is a mandatory part of the Veterans Assistance Program in Macoupin County and must be completed by the landlord/property manager. We will also need Form W-9 (unless one is on file) for our auditors. Please print legibly and complete the form fully. **Make sure the info below is who/where we should send the check to.**

Landlord / Property Owner Info

Name _____ SSN or Tax ID _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Authorized Agent Name _____ Phone _____

Length of Ownership _____ # of Occupants _____ # of Units at Address _____

Tenant(s) Info

Number of Bedrooms:

☐ Studio ☐ One ☐ Two ☐ Three ☐ Four

Utilities included in the rent:

☐ Electric ☐ Gas ☐ Water ☐ Sewer ☐ Trash

Address _____

Present Occupant(s) Name(s) _____

Monthly Rent Payment _____ Length of Residence _____

I hereby swear or affirm that the information provided above is true to the best of my knowledge, and that I am not a relative of the listed occupant or their spouse.

Landlord / Property Manager / Authorized Agent Signature _____

VETERANS ASSISTANCE COMMISSION
of Macoupin County, Illinois

macvac.org
macvac@macvac.org
(217) 854-5249
Fax (217) 716-2311

Mortgage Certification

Instructions: This form is a mandatory part of the Veterans Assistance Program in Macoupin County and must be completed. We will also need Form W-9 from the lender (unless one is on file). Please print legibly and complete the form fully. **Make sure the info below is who/where we should send the check to.**

Mortgage Company / Lender

Name _____ Loan / Acct No. _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Number of Bedrooms:

☐ Studio ☐ One ☐ Two ☐ Three ☐ Four

Owner(s) Info

Street Address _____

City _____ State _____ Zip _____

Present Occupant(s) Name(s) _____

Monthly Loan Payment _____ Length of Residence _____

Is this a VA Loan? ☐ Yes ☐ No

Are you currently in foreclosure / default? ☐ Yes ☐ No

Are you receiving the Property Tax Exemption on this property? ☐ Yes ☐ No

I hereby swear or affirm that the information provided above is true to the best of my knowledge.

Veteran or Surviving Spouse Signature _____

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Employment Search Verification Form

All contacts should be made within the preceding 30 days, and you must provide email confirmations for online applications. **Need help?** The Job Center — West Central (116 S. Plum St., Carlinville · (217) 854-9753) can help you search for jobs and document your applications.

Company Name _____

Position _____ Contact Person Phone # _____

Website _____

Company Name _____

Position _____ Contact Person Phone # _____

Website _____

Company Name _____

Position _____ Contact Person Phone # _____

Website _____

Company Name _____

Position _____ Contact Person Phone # _____

Website _____

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Employment Search (continued)

Company Name _____

Position _____ Contact Person Phone # _____

Website _____

Company Name _____

Position _____ Contact Person Phone # _____

Website _____

Company Name _____

Position _____ Contact Person Phone # _____

Website _____

Company Name _____

Position _____ Contact Person Phone # _____

Website _____