

Application for Financial Assistance

of Rent, Utilities, and Food for Honorably Discharged Veterans or Surviving Spouses

Veterans Assistance Commission of Sangamon County | 901 S. 11th St., Springfield, IL 62703



1. Eligibility Requirements

- ✓ Applicant must meet the minimum duty requirements set forth by US Federal Code 38: Veterans who enlisted after September 7, 1980, must have served 24 continuous months or the full period they were called to active duty, not counting basic training, in order to qualify for assistance.
- ✓ Applicant must have an Honorable Discharge type to be eligible.
- ✓ Applicant must meet the VA income standard to be eligible as outlined below.
- ✓ Applicant must reside within Sangamon County.
- ✓ Applicant may only apply for financial assistance once per calendar year.

2. Income Guidelines

Household Size	Annual Income	Monthly Income
Veteran (Applicant) Alone	\$16,037	\$1336
Veteran + 1 Dependent	\$21,001	\$1750
Veteran + 2 Dependents	\$23,744	\$1978
Veteran + 3 Dependents	\$26,487	\$2207
Veteran + 4 Dependents	\$29,230	\$2436

*Add \$2,743 to the annual income for each additional dependent.

*Updated: January 2023

3. Required Documents

Food Assistance		Utility Assistance		Housing Assistance	
DD214		DD214		DD214	
Pay Stubs and/or proof of income for the entire household.		Pay Stubs and/or proof of income for the entire household.		Pay Stubs and/or proof of income for the entire household.	
Statement from Social Security, Unemployment, and/or Disability.		Statement from Social Security, Unemployment, and/or Disability.		Statement from Social Security, Unemployment, and/or Disability.	
Bank Statement for 60 days.		Bank Statement for 60 days.		Bank Statement for 60 days.	
		Copy of Utility Bill		Lease or Statement from Landlord if paying monthly.	
				Landlord Slip.	
				If a mortgage, provide a statement and current bill.	

* If the category does not apply to you, mark "n/a."

** If the DD214 is on file in this office, you can check that item off.

4. Confirmation of Eligibility

Please check the box behind the appropriate response.

Yes	No	Does the Veteran meet the minimum duty requirements as described in section 1?
Yes	No	Does the Veteran possess an Honorable type discharge?
Yes	No	Does the applicant meet the income guidelines as listed in section 2?
Yes	No	Does the applicant reside within Sangamon County?
Yes	No	Has the applicant provided all required documents as described in section 3?

This last question only applies to non-Veteran applicants:

Yes	No	Is the applicant a surviving spouse of a Veteran who meets eligibility as described in section 1?
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5. Person completing this form.

↑Your Last Name	↑Your First Name
↑Your Phone Number	↑If assisting someone else, what is YOUR relationship to the applicant?

6. Veteran Information

↑Last Name	↑First Name	↑Middle Initial
↑Social Security Number	↑Date of Birth	↑Date of Death
↑Street Address	↑City or Township	↑Zip Code

7. Surviving Spouse Information

Skip this section if applying as a Veteran.

↑Last Name	↑First Name	↑Middle Initial
↑Social Security Number	↑Date of Birth	↑Date of Death
↑Street Address	↑City or Township	↑Zip Code

Were you legally married to the Veteran at the time of his/her death?

Yes No

8. Legal Dependents

Children 0-18, 19-23 if attending College, or any age if you are the legal guardian for reason of a disability.

Name (First, Last)	Age	Name (First, Last)	Age

9. Employment Information

Employment Status: Full-time Part-time Unemployed Over 65 Legally Disabled

Employer Name	City, State	Currently Employed?			
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

10. Financial Information

All income of adult members (18 or older and not attending High School) of the household unless they are a full-time student 23 and younger. For allowable deductions, you may use the previous 12 month average. **NOTICE: Hiding any source of earned income is a violation of 720 ILCS 5/17-6: State Benefits Fraud and is a Felony Offense.**

Monthly Gross Income	Amount	Monthly Expenses	Amount
Household wages from employment		Rental	
VA Comp/Pension		Utilities	
Social Security		Food	
Child Support		Child Support Obligation	
All other Income		Other Outgoing Expenses	
Total Income		Total Expenses	

11. Assistance Requested

IMPORTANT NOTICE: VAC assistance is to be considered "Emergency Financial Assistance," not an on-going "benefit" We reserve the right to deny assistance at any time we suspect this program is being abused. This assistance may only be used for a Veteran or his surviving spouse. Housing, Utility, and Food assistance may only be received once per calendar year. Any attempt to mislead the VAC is a violation of 720 ILCS 5/17-6 (State Benefits Fraud) and is a Felony Offense punishable by fines and imprisonment.

Assistance Requested Today	Amount Owed	Payee Name
<input type="checkbox"/> Housing Payments \$600 Paid directly to landlord or creditor. <i>*May take up to 30 days to process.</i>		
<input type="checkbox"/> Utility Bills \$300 Paid directly to utility company: electric, gas, sewer, water, or phone.		
<input type="checkbox"/> Food Vouchers \$300 Voucher given to applicant for use at County Market in Springfield, IL, only.		
<input type="checkbox"/> Other (Case by case determination. Explain your needs below)		

Other (if you selected "other" please explain what you need):

