



APPLICATION FOR HARDSHIP ASSISTANCE
 NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS
 SFN 54410 (04-2018)

Application Date
County/Tribe

ASSISTANCE NEEDED

Medical				
<input type="checkbox"/> Dental	<input type="checkbox"/> Denture Procedure	<input type="checkbox"/> Optical	<input type="checkbox"/> Hearing	<input type="checkbox"/> Transportation (appointments/treatment)
<input type="checkbox"/> Special (medical or life-threatening)		<input type="checkbox"/> Other, specify:		
General				
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Housing (Deposit)	<input type="checkbox"/> Other, specify:		

APPLICANT INFORMATION

Name		Social Security Number	Date of Birth	Telephone Number
Applicant Status <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Widow		Resident of North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No		How Long (ND Resident)
Address		City	State	ZIP Code
Previously Applied <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When	What Program(s)		

VETERAN INFORMATION

Date Enlisted	Place Enlisted		
Date Discharged	Place Discharged		Type of Discharge

DEPENDENT INFORMATION

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Spouse	Date of Birth	Social Security Number
Name of Dependent Children	Date of Birth	Social Security Number
Child Support <input type="checkbox"/> Receiving, List Monthly Amount: \$ <input type="checkbox"/> Paying, List Monthly Amount: \$		

APPLICANT EMPLOYMENT/INCOME INFORMATION

Present Employer	Name of Supervisor	Telephone Number
Position Held	Length of Time in Position	Salary (monthly)
Employer Address	City	State ZIP Code

SPOUSE EMPLOYMENT/INCOME INFORMATION

Present Employer	Name of Supervisor	Telephone Number
Position Held	Length of Time in Position	Salary (monthly)
Employer Address	City	State ZIP Code

Your social security number is requested to enable the ND Department of Veterans Affairs to conduct a check for VA Benefits and to verify military service pursuant to N.D.C.C. sections 37-14-01.1 and 37-14-14. The individual's social security number will be used as an identification number. Disclosure of your social security number is mandatory. If you do not provide your social security number, the ND Department of Veterans Affairs will be unable to verify required information and will decline to process your application.

OTHER INCOME

Benefit	Veteran	Spouse	Total	Benefit	Veteran	Spouse	Total
VA S/C Compensation				Workers Compensation			
VA NSC Pension				Unemployment Compensation			
VA Education				Retirement			
Social Security				Pension			
SSI				Other (rental, alimony, etc.)			

ACCOUNTS

Type of Account (checking, savings, burial CD's, etc.)	Name of Institution	Account Number	Balance

MEDICAL LIABILITIES

For	Name of Creditor (payment to)	Monthly Payment	Balance
Hospital Insurance			
Prescriptions			
Monthly Medical Bills (being paid on):			
Total Monthly Medical Expenses Being Paid			

Monthly Income	
Less Medical	
Add/Less Child Support	
NET INCOME	

I UNDERSTAND THAT ANY FALSE STATEMENT OF MATERIAL FACT MADE BY ME IN THIS APPLICATION IS PUNISHABLE UNDER THE LAWS OF THE STATE OF NORTH DAKOTA, INCLUDING NORTH DAKOTA CENTURY CODE (NDCC), CHAPTER 12.1-11.

I hereby certify that all the answers herein made are true and that I have not withheld any information regarding income or other resources. I do further certify that I have no means of support beyond those stated herein. I further understand the stipulations of the Hardship Assistance Program and that this is a program that is subject to monies available from the earnings of the Veterans Post War Trust Fund and may be terminated at any time.

I hereby authorize the United States Veterans Administration, Job Service of North Dakota, North Dakota State Tax Department, North Dakota Workforce Safety and Insurance, financial institutions and any other credit sources to disclose to the county veteran service officer assisting in the preparing of this application and the North Dakota Department of Veterans Affairs any information contained in their files and records concerning myself upon request.

Applicant Signature	Date
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VETERAN SERVICE OFFICERS (VSO) USE ONLY

Do you feel this request is a hardship need?
 Yes No

Have you personally counseled the applicant as to the stipulations of the program?
 Yes No

VSO Recommendation
 APPROVAL DISAPPROVAL

Explanation

I hereby attest that the information contained in this application is true and correct to the best of my knowledge.

VSO Signature	Date
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Hardship Assistance Program

Required documentation to be obtained by the VSO and submitted with completed application.

DOCUMENTATION CHECKLIST

Income - Will be determined based on most recent 12 month period.

- Cash Asset Verification Form OR three months of most recent bank statements
AND
- Copy of the last 60 days of payroll checks or stubs or copy of payroll statement
AND/OR
- Copy of award letters of other income reported on Page 2
AND
- Copy of front page of applicant's 1040 tax form or statement on application signed by the applicant stating he/she did not file taxes.

Residency

- Copy of ND Drivers License or ID Card showing address
AND
- Copy of monthly expense bill or bank statement 1 year or older verifying address, i.e. utility, phone, or cable bill

Veteran Status

- Copy of DD214 showing character of Service
OR
- Copy of military orders showing active duty requirements have been met

Unmarried Widow

- Copy of marriage certificate
AND
- Copy of death certificate
AND
- Copy of Veteran's military discharge showing character of Service

Spouse

- Copy of marriage certificate
AND
- Copy of Veteran's military discharge showing character of Service

I have obtained and reviewed the required documentation as listed above.

VSO Signature

Date