

Dallas County Request for Emergency Assistance

902 Court Street Adel, IA 50003 515-993-1794/5809

The Dallas County Commission of Veterans Affairs may provide assistance to Veterans in the way of rent, food, fuel, utilities or burial assistance. Veterans must meet the following requirements:

- Must meet the requirements of a Veteran as defined in Iowa Code 35B
- Have a DD214/DD215 with Honorable or General Discharge
- Must be a Dallas County resident for at least 30 days
- Must meet income/asset guidelines
- **Must have an emergency need that cannot be met by other means**

Required Documentation:

- Separation papers from the armed forces (DD214/DD215)
- Verification of any and all income received in the last 30 days for all members of the household; to include pay stubs, VA, SSA, SSI, SSDI, FIP, Child Support & Loans
- Verification that all unemployed, able bodied adults (including adult children) in the household are registered with workforce development and have applied for unemployment (If Applicable)
- A current doctor's statement on the doctor's letterhead which specifically indicates your inability to work: to include a reference to the expected duration of your condition. (If Applicable)
- Current utility bills
- Copy of driver's license with Dallas County Address
- Completed Application
- Bank statements for all accounts (Include transactions for last 2 months)
- Rent form and W2 filled out by landlord (if applicable)
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All applicants must make an appointment with New Opportunities to set up a free budget and debt counseling. Proof of counseling must be submitted within 30 days of initial emergency assistance application.

*New Opportunities, Inc.
Carol Bayer
712-792-9266 extension 605
cbayer@newopp.org
www.newopp.org*

Please call our office to make an appointment once the application is completed and all supporting document is ready.

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Full Name:	SSN:	DOB:
Full Address:		
Phone:	Email:	
Spouse Name:	SSN:	DOB:
Employed:		
Child's Name:	SSN:	DOB:
Child's Name:	SSN:	DOB:
Child's Name:	SSN:	DOB:
Child's Name:	SSN:	DOB:
Child's Name:	SSN:	DOB:
Child's Name:	SSN:	DOB:

Monthly Income Source	Applicant	Spouse	Child
VA Compensation			
VA Pension			
SSI			
Social Security			
Retirement Pay			
Unemployment			
Employment			
Other			
Total			

Please state your need for emergency assistance:

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Monthly Payments	Amount
Rent/Mortgage	
Electric	
Gas	
Water/sewer/trash	
Groceries	
Vehicle Gas/Maintenance	
Car Payment	
Car/Home Insurance	
Medical/Medication/Dental	
Phone	
Child Care	
Wage Garnishment	

Total Expenses

Please list any debt or bills not being paid:

Emergency assistance that is provided to qualified Veterans, or their family units, will not exceed the Maximum annual assistance amount or exceed a 3 month period. Applicants must wait a period of 12 months from the date of termination to be reapproved. There is a max of two years of assistance in a five year period and a \$5000 lifetime cap unless repayment is made. Interim approval by the Veteran Service Officer is temporary until the commission reviews and makes a final determination.

	Single	Couple	Family
Max Amount:	\$1700	\$2000	\$2500
Rent:	\$800	\$800	\$1000 monthly
Utilities:	\$200	\$200	\$200 per utility monthly
Food:	\$100	\$150	\$250 monthly
Fuel:	\$60	\$60	\$90 monthly

I understand the terms listed above in regards to limits on emergency assistance and that the program is intended to provide emergency relief and self-sufficiency. I pledge to make repayment if possible.

Printed Name

Signature

Date