



FINANCIAL STATUS **(Oregon Veterans' Emergency Financial Assistance Program)**

Veterans' Services Division
Department of Veterans' Affairs
700 Summer St. NE
Salem, OR 97301-1285

The information you furnish on this form is used to determine if you are eligible for the Oregon Veterans' Emergency Financial Assistance Program (OVEFAP). However, if the information is not furnished, your request for participation in the OVEFAP may be affected.

DISCLAIMER: Information disclosed outside ODVA, including Social Security Number, will be made only as permitted by State and Federal law.

INSTRUCTIONS: Type or clearly print all entries. If more space is needed for additional information for an item, continue under Section VII, Additional Data or attach a separate sheet.

SECTION I – PERSONAL DATA				
Name of Applicant (<i>Last, First, MI</i>)			Social Security Number	
Street Address				
City		State	Zip Code	Telephone Number (<i>Include Area Code</i>)
Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Name of Spouse	Age(s) of Dependents
COMPLETE RECORD OF EMPLOYMENT EXPERIENCE DURING THE PAST 2 YEARS				
	Type of Job	Date From	Date To	Name and Address of Employer
Veteran				
Spouse				
SECTION II – INCOME			SECTION III – EXPENSES	
AVERAGE MONTHLY INCOME	SELF	SPOUSE	AVERAGE MONTHLY EXPENSES	AMOUNT
1. Monthly Gross Salary (<i>Before payroll deductions</i>)	\$	\$	Rent or Mortgage Payment	\$
PAYROLL DEDUCTIONS			Food	
Federal, State and Local Income Taxes			Utilities and Heat	
Retirement			Other Living Expenses (<i>Specify</i>)	
Social Security				
Other (<i>Specify</i>)				
2. TOTAL Deductions	\$	\$	Monthly Amount on Installment Payments and other Debts (<i>The amount entered here should have corresponding entries in Section VI on the second page of this form.</i>)	
3. Net Take-Home Pay (#1 minus #2)				
4. VA Benefits, Social Security, or Other Income (<i>Specify</i>)				
5. TOTAL Monthly Net Income (#3 plus #4)	\$	\$	6. TOTAL Monthly Expenses	\$
SECTION IV – DISCRETIONARY INCOME				
Net Monthly Income Minus Expenses (#5 minus #6)	\$	Amount You Can Pay on a Monthly Basis Toward Your Debt		\$

SECTION V – ASSETS					
Cash in Bank (<i>Checking and Savings</i>)			\$	U.S. Savings Bonds (<i>Current Value</i>)	\$
Cash on Hand				Stocks and other Bonds (<i>Current Value</i>)	
Vehicles (<i>Resale Value</i>)				Real Estate (<i>Resale Value</i>)	
Make	Year	Model		Other Assets (<i>Specify</i>)	
Trailers, Boats, Campers (<i>Resale Value</i>)			\$	TOTAL Assets	\$

SECTION VI – INSTALLMENT CONTRACTS AND OTHER DEBTS					
INSTRUCTIONS: List below ALL debts which you are required to pay in regular monthly installments, such as cars, appliances, credit cards, medical bills, payments to banks, finance companies, repayment of money borrowed for any purpose, etc.					
If repayment of a debt is not on a monthly basis, write “N/A” in Monthly Payment column and describe arrangements to repay in space provided below in Section VII for additional information.					
DO NOT INCLUDE LIVING EXPENSES.					

Name and Address of Creditor	Date and Purpose of Debt	Original Amount of Debt	Unpaid Balance	Monthly Payment	Amount Past Due
		\$	\$	\$	\$
TOTAL		\$	\$	\$	\$

SECTION VII – ADDITIONAL DATA		
Have you ever filed bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete the following information and send all pertinent documentation)		
Date Discharged from Bankruptcy (<i>MM-DD-YY</i>)	Location of Court	Docket Number (<i>if known</i>)

Use the space below and additional sheets, if needed, to supply any pertinent information and to continue your answer to previous items.

SECTION VIII – APPLICANT CERTIFICATIONS			
I certify that this Financial Statement is to the best of my knowledge, true, correct and complete.			
Signature of Veteran	Date Signed	Signature of Spouse	Date Signed

Upon request, this information is also available in alternate formats.

OREGON DEPARTMENT OF VETERANS' AFFAIRS
Oregon Veterans' Emergency Financial Assistance Program

Supporting documentation required to establish eligibility for an emergency grant:

- ☐ Completed & signed application (form provided)
- ☐ Completed & signed ODVA Financial Status Report (form provided)
- ☐ Copy of evidence of separation of military service, showing length & character of service
Example: DD214 VID (Veteran Identification Data)
USDVA letter verifying service
- ☐ Proof of current Oregon residence
Example: Drivers license State ID Mail with physical address
- ☐ Necessary documentation or statement(s) indicating emergency exists
Examples: Eviction or foreclosure notice Utility shut off notice
Billing statements Repair estimates
Cost estimates Rental agreement & terms
- ☐ If a medical or dental condition, necessary documentation or statement(s) indicating emergency:
Example: Doctor's written statement of emergent condition
Doctor's quote on cost of services to address emergent condition
- ☐ Necessary documentation or statement(s) indicating there is a financial need.
Examples: Personal statement Bank statements Accounting records
- ☐ Taxpayer ID number or social security number of the party to whom payment will be made.
(Usually **not** the applicant.)
Examples: Landlord Mortgage company
Doctor Repair company
Utility company Creditor you are seeking payment assistance
- ☐ Contact information of the party to whom payment will be made
Examples: Name
Address
Phone number
- ☐ Proof of change in name – where veteran's name has been legally changed since discharge, a certified copy of the Court Order, marriage certificate or divorce decree is required.
- ☐ An unremarried spouse of a deceased veteran must provide copies of the following:
Marriage license Death certificate
- ☐ Statement of future sustainability plan – how you will pay for basic living expenses.

Send **ALL** materials to:
Oregon Department of Veterans' Affairs
Veterans' Services OVEFAP
700 Summer Street NE, Salem, OR 97301
Fax: 503-373-2392