NEW YORK STATE | Department of Veterans' Services

Veterans Emergency Housing Program Application

***Thank you for your service*.** Our State and Nation are grateful to you for all that you have done for us. We look forward to doing everything possible to serve you.

New York State's Veterans Emergency Housing Program provides short-term assistance for Veterans who face a current housing hardship and lack sufficient personal funds to resolve the hardship. Eligible Veterans may receive up to $2,000 for qualifying needs. Funding is based on a rolling 365-day period from the approval date, rather than a calendar year. Such needs could include (but are not limited to):

- Emergency financial assistance to a Veteran whose home was badly damaged in a fire or natural disaster;
- Renovating a Veteran's home that is no longer accessible due to the onset or worsening of a disability;
- Gaining temporary shelter when a Veteran suddenly loses access to their home or a Veteran's home becomes no longer safely habitable;
- Replacing or repairing an essential home appliance that has been destroyed or severely damaged (e.g., furnace, water heater, etc.);
- Covering rent, utilities, or property tax payment that a Veteran missed due to illness or emergency;
- Any other payment that the Commissioner determines to fall within the purview of the program.

To qualify for these emergency funds, an applicant must be a Veteran living in New York State and facing an immediate housing hardship. An applicant must also have a personal net worth equal to or below the net worth limit established by the federal government to assess eligibility for federal Veterans Pension benefits (current set by the federal government at $163,699.00).

Please answer the questions on Page 2 accurately and completely so we can process your application as rapidly as possible. The information you provide will be kept confidential by the New York State Department of Veterans' Services.

After we receive your application, a Veterans Benefits Advisor (VBA) from the NYS Department of Veterans' Services will rapidly reach out to you. The VBA will verify

your housing emergency and your household's income, assets, and expenses. This conversation will determine your eligibility for this benefit — as well as other federal, state, and local benefits for which you may be eligible.

Applicant Information

Name: _____

Name(s) of everyone in your household (other than yourself): _____

_____

Physical Address: _____

Mailing Address (if different from physical address): _____

Telephone Number: _____

E-Mail Address: _____

Explanation Of Immediate Housing Need

In the space below, please describe the housing hardship that you are currently experiencing:

Verification Of Understanding

Please initial each line below to verify your understanding.

___ I understand that this program is designed to assist Veterans of the United States Military in New York State with unmet emergency housing needs.

___ I understand that all information provided in this application is subject to verification for accuracy by the New York State Department of Veterans' Services, and that any false statements or representations that I make may be subject to criminal prosecution.

___ I understand that my contact information provided on this application will be shared with a Veterans Benefits Advisor of the New York State Department of Veterans' Services, and/or a Veterans Service Officer for the Veterans Service Agency of the County or City in which I reside, for the sole purpose of contacting me and assisting me in obtaining the full measure of federal, state, and local benefits, services, and resources earned by virtue of my military services. ***This information will not be shared elsewhere without my prior written consent.***

___ I understand that the maximum amount of money that can be provided to a me through this program is $2,000 per 365-day from the approval date.

___ I verify that the housing need that I described above has not already been paid or is not eligible to be paid for by homeowners insurance, casualty insurance, or any other insurance policy, or by any federal, state, or local governmental assistance program.

Affirmation And Signature

By my signature below, I verify that all of the information that I have provided is true to the best of my knowledge, information, and belief. I further verify that I have not received financial assistance from the New York State Veterans Emergency Housing Assistance Program within the past 365 Days. ***I understand that if funds are issued to me that I must keep receipts as proof that funds were used to cover my emergency for any possible audit.***

Signature: _____

Date: _____

Household Income & Assets Statement

***Instruction to Veterans Benefits Advisor**: Please complete the below tables of income, assets, and expenses with the Veteran applicant. If the Veteran is unsure of a particular dollar amount, please request that they provide an estimate. If they are unable to provide an estimate, please leave that line blank.*

Average Monthly Income			
	Self	**Spouse/Partner**	**Total**
Net Wages			
VA Benefits			
Pension/Retirement			
Social Security			
Child Support			
Spousal Maintenance			
Rental Income			
Unemployment			
TANF			
Food Stamps			
Other			
Total			

Average Monthly Household Expenses			
	Amount		**Amount**
Household Transportation Expenses		Mortgage/Rent Payments	
Household Medical Expenses		Groceries/Food Costs (including pet food, if applicable)	
Childcare (including Child Support)		Utilities Costs (e.g., heat, electric, Internet, phone, water, sewer, trash, etc.).	
Other (please explain):			
Total Average Monthly Household Expenses			

Personal Assets			
	Value		**Value**
Checking Balance		Real Estate	
Saving Balance		Automobiles (resale value)	
Cash On Hand		Stocks	
Total Available Assets			

Supporting info: must be submitted also

1. copy of DD214 or other proof of other than Dishonorable service.
2. most recent bank stmt and or Proof of Household income
3. past due bill / itemized quote