



Introduction to the Kitsap County Veterans Assistance Fund Application

The Kitsap County Veterans Assistance Fund (VAF) may help a veteran with limited and temporary assistance who has lived in Kitsap County a minimum of 60 days, properly documented a qualifying emergent need, and meets the established household income threshold. **The program may assist veterans supplement emergent basic needs that will help them find a home, remain in their home, obtain a job, or remain employed.** Emergent basic needs are generally those required to survive, such as housing, heat, medicine, food, and assure safety of the veteran and their eligible family members. Requirements beyond those necessary for life are important but might not be addressed by the VAF. Short and long term assistance may be met through your referral to, and participation in, other programs that may aid you. More details about the VAF are explained here. ➡



Where to Start

Step one: Calculate the total household income by adding all income received from all sources by you and each person living with you. Compare your gross household income with the totals displayed on this chart:

200% Federal Poverty Level (FPL) 2025 Household Size	Annual Income	Monthly Income
1	\$31,300	\$2,608
2	\$42,300	\$3,525
3	\$53,300	\$4,442
4	\$64,300	\$5,358
5	\$75,300	\$6,275
6	\$86,300	\$7,192
7	\$97,300	\$8,108
8	\$108,300	\$9,025

Total Household Income Calculation:

Income Source	Monthly Amount
+ Earned Income (Job)	
+ Retired Pay	
+ Social Security	
+ Disability	
+ Other	
Gross Income Total:	
Income Deductions	
- Earned income minus 20%. (Gross Income X 0.2)	
- Retirement income minus 10%. (Income X 0.1)	
- Unemployment benefit income minus 10%. (Income X 0.1)	
- Medicare premium deduction from social security.	
- Actual payments for child support and spouse maintenance.	
Total Deductions:	
Gross Income minus Total Deductions = Net Household Income	

The results will show you how close you are to meeting the financial eligibility criteria in the income chart above.



Submitting Your Application

Once you have collected all your documents make an appointment with a Kitsap Community Resources (KCR) representative by calling **360-473-2034**. If you are working with a veteran service officer and the capability is available, the service officer may also be able to email your application and scanned documents to KCR and/or guide you to one of two drop off locations displayed on page 4. The Veteran Specialist at KCR will determine your eligibility based on your total household income, described emergent need, and application responses. The Veteran Specialist will then process your application for the county Veterans Assistance Fund as well as refer you to other programs to address your longer term needs.



FINANCIAL STATUS

Do you have a checking and savings account? Yes No

Do you own and operate a vehicle? Yes No

Do you have any outstanding loans or major payments? Yes No

Do you currently receive benefits for housing, energy, food or medical? Yes No

Have you missed any payments in the last three months? Yes No

Are you enrolled in VA Health? Yes No

Which of these monthly expenses are hard to meet Rent Food Transportation Medical Other debts: Describe here: _____

How confident are you with managing your finances? I'm confident. I'm somewhat confident. I need help.

Have you received assistance from the Veterans Assistance Fund before? Yes No If yes, when _____

Briefly describe the type of assistance you need from the Veterans Assistance Fund today: _____

VERIFICATION DOCUMENTS

Please indicate below with a check mark the documents that are enclosed with your application to support your request(s).

Identification information.

- DD-214 Copy 2 or 4 displaying type of discharge. **Request a DD-214:**
- ID for everyone 18 and older in the household.
- SSN for everyone in the household
- Birth Certificate or proof of birthdate for care recipient(s).
- Proof of residence in Kitsap County for the past 60 days – lease, mortgage statement, utility bills.
- Marriage certificate in the case of a family member or widow requesting assistance.



Proof of Income must cover the previous 3 months preceding the application date.

- Employment- paystubs (Request from Employer)
- Unemployment or L& I claim history report (Request from WorkSource office)
- Statement of: SSI, Veterans benefits, Pension, Retirement, Annuity, and 401K
- Public Assistance- History report -TANF /SNAP (Request from DSHS office)
- Proof of alimony or child support (receiving or paying).
- Bank statements covering the last 90 days are required if claiming no income.

Supporting Documents

- Rental / Lease Agreement with Eviction or intent to evict and payment plan letters.
- Utility Bills with notice to cut service.
- Auto repair estimate from auto repair to restore vehicle road worthiness.
- Medical/Prescription bills
- Other. Describe _____.



SUBMITTING YOUR APPLICATION AND SUPPORTING DOCUMENTS.

Is your application complete and have you attached all required documents to support your request(s)? If yes, then you may:

- Email your application and documents to: vaf@kcr.org
 - Deliver your application with all documents to one of the following Kitsap Community Resources (KCR) drop off locations at their front desk between the hours of 8:00am and 4:00pm M-F
 - 3200 SE Rainshadow Court, Port Orchard WA 98366; or
 - 845 8th St, Bremerton, WA 98337
- Request that the receptionist date stamp all your documents when dropping off your application.

KCR APPLICATION PROCESSING:

- Your application will be reviewed in the order received.
- Approved invoices will be processed in the order received.
- Voucher requests will be processed 1st and 3rd Tuesday of the month.
- You will be notified by program staff regarding any missing documents, the final decision on your requests, and any other steps you may need to take.

COMMUNICATING WITH KCR REGARDING THE VETERANS ASSISTANCE FUND:

- Phone: (360) 473-2034. All calls will be returned as soon as possible.
- Email: vaf@kcr.org

Applicant Certification

I, the undersigned swear or affirm that the answers to the questions hereon are true and correct and I understand that should they be proven false upon investigation I may forfeit my right to assistance under the Veterans Relief Act of the State of Washington and incur such other penalties as may be prescribed by law.

Signed: _____
(Applicant) Date



Veteran Assistance Fund Benefits Distribution Policy

1. **Purpose.** This policy augments the VAF Policies and procedures. As such, it clarifies policy for the distribution of benefits to eligible veterans within a rolling 12-month period. It ensures equitable access while maintaining fund sustainability.

2. **Eligibility & Distribution Cycle.**

- Veterans may receive benefits distributions over a rolling 12-month period.
- The first distribution in a given year marks the start of a rolling 12-month period.
- A veteran must wait 12 months from the date of their first distribution before accessing benefits in the second year.
- After receiving distributions for two consecutive years, the veteran **must "sit out" a full year from the date of their last distribution in the second year** before reapplying for benefits.

3. **Distribution Schedule Example.**

Year	First Distribution Date	Last Distribution Date	Next Eligible Date
Year 1	March 1, 2024	December 1, 2024	March 1, 2025
Year 2	April 1, 2025	November 1, 2025	November 1, 2026 (after sit-out)
Year 3	N/A (sit-out year)	N/A	November 1, 2026
Year 4	January 1, 2027	December 1, 2027	January 1, 2028

4. **Key Provisions.**

- Each benefit distribution must be substantiated by documentation provided to the VAF administrator.
- The rolling 12-month period begins from the first distribution date each year.
- After two consecutive years of receiving benefits, a full 12-month sit-out period is required before reapplying.
- The 12-month sit-out period starts from the last distribution date in the second year.

5. **Compliance & Enforcement.**

- Any violation of the policy, including attempts to circumvent the sit-out period, may result in temporary or permanent disqualification from benefits as determined by the Veteran Program Coordinator.
- Appeals may be submitted to the Veteran Program Coordinator through the VAF Administrator for review under exceptional circumstances.

Veteran Acknowledgement: _____ Date: _____



Information Privacy And Personal Information Release Statement:

I, (State Full Name) _____,

hereby authorize the release of my personal information as provided in this form. I understand that the information disclosed may include, but is not limited to, my:

Full Name

Address

Contact Information

Purpose of Release: This information is being released for the purpose of establishing eligibility to access the Kitsap County Veterans Assistance Fund, coordinate services between community service providers, and allow follow up by Kitsap Community Resources and Kitsap County representatives to assess client satisfaction and overall program effectiveness.

Recipient of Information: I authorize the release of this information to employees of Kitsap Community Resources, representatives of Kitsap County, and representatives of local community service providers where I may be referred for services.

Duration of Authorization: This authorization is valid from the date of my signature below for a period of 24 months unless otherwise revoked in writing.

Revocation of Authorization: I understand that I have the right to revoke this authorization at any time. To revoke, I will provide written notice to Vaf@kcr.org or by mail to the Veterans Assistance Fund Administrator, 3200 Rainshadow Court, Port Orchard, WA 98366.

Voluntary Consent: I acknowledge that the release of this information is voluntary, and I am under no obligation to provide this consent. I understand that my refusal to release this information may affect the processing of my application for assistance.

Security Measures: I trust that reasonable measures will be taken to safeguard the confidentiality and integrity of the released information.

Legal Disclaimer: I release Kitsap Community Resources, Kitsap County, and community resource providers where I may receive services from any liability arising from the release and use of my personal information, provided such release is in good faith and in accordance with applicable laws.

By signing below, I confirm that I have read and understand the terms of this release, and I voluntarily authorize the release of my personal information.

Signature: _____ Date: _____