

You must be a Franklin County Resident to be eligible for this program.

Please complete the following information and bring this form and proof of income to the Veterans Memorial to receive your gift card.

Veterans Name _____ Veterans Date of Death _____
(if applicable)

Spouses Name _____

Veterans Social Security Number _____ Date of Birth _____

Spouses Social Security Number _____ Date of Birth _____

Date of Residence in Franklin County _____

Date Moved to Current Residence _____

Address _____

City, State, Zip _____ Telephone _____

Total Household Income from all Sources

Gross Monthly Income _____ Source _____

Employer _____ Occupation: _____

Pay Rate: _____ Hire Date: _____ Phone: _____

Other Monthly Income _____

Did you serve in Vietnam? _____ Are you enrolled in the VA Health Care system? _____

Applicants must provide a copy of their DD214 to verify military service.

Verification of income needs to be provided (i.e. Paystub, VA Award letter, Social Security Award letter or 2007 income tax return)

I certify to the best of my knowledge that the information contained herein is accurate and complete. I understand that it is my responsibility to update this information when there are changes in my status or income, failure to do so may result in my termination from future services. I hereby agree to comply with the Franklin County Veterans Service Commission policies and procedures.

Client/Guardian Signature

Date

VSC USE ONLY

Gift Card Number: _____

Approved Denied

VBS Signature

Date