

**COMMONWEALTH OF PENNSYLVANIA-DEPARTMENT OF MILITARY AFFAIRS**

BUREAU FOR VETERANS AFFAIRS-FORT INDIANTOWN GAP, ANNVILLE PA 17003-5002

**APPLICATION FOR VETERANS' EMERGENCY ASSISTANCE**

APPLICATIONS MUST BE FULLY COMPLETED. EVERY BLANK MUST HAVE AN ENTRY (UNLESS SPECIFIED OTHERWISE) OR APPLICATION WILL BE RETURNED. NO DETERMINATION CAN BE MADE UNTIL ALL REQUIRED INFORMATION IS RECEIVED.

THE APPLICANT IS REQUESTED TO DISCLOSE HIS OR HER SOCIAL SECURITY NUMBER TO ASSIST US IN PROCESSING THE APPLICATION AND OBTAINING RECORDS NECESSARY TO VERIFY THE INFORMATION PROVIDED. DISCLOSURE OF THE SOCIAL SECURITY NUMBER IS **VOLUNTARY**. HOWEVER, FAILURE TO DISCLOSE MAY RESULT IN DELAYS OR DIFFICULTIES IN PROCESSING THE APPLICATION. **AUTHORITY - Act 1988-60.**

Date: \_\_\_\_\_

PRINT CLEARLY OR TYPE ALL INFORMATION  
SECTION I - PERSONAL DATA

Phone Number: \_\_\_\_\_

1. Name of Veteran: \_\_\_\_\_  
(Last) (First) (Middle) (Sr. Jr. III)

2. Address: \_\_\_\_\_  
(No. & Street) (City, State, Zip) Luzerne (County)

3. Is Veteran a legal resident of Pennsylvania? Yes  No  Verified

4. Date of birth \_\_\_\_\_ Date of Death (If Applicable) \_\_\_\_\_

5. Marital Status - Single  Married  Divorced  Separated  Widowed

6. Social Security Number \_\_\_\_\_ DVA Claim # \_\_\_\_\_

7. SERVICE DATA

(A) Branch of Service: \_\_\_\_\_ (B) Service Number \_\_\_\_\_  
(C) Date of Entry \_\_\_\_\_ (D) Date of Discharge \_\_\_\_\_  
(E) Was Military Discharge or Release under Honorable Conditions? Yes  No  and verified \_\_\_\_\_

8. (A) Name of Spouse \_\_\_\_\_  
(First) (Middle Initial) (Maiden)

(B) Address if different from #2 \_\_\_\_\_  
(No. & Street) (City/State/Zip) (County)

(C) Date of Birth: \_\_\_\_\_ (D) Social Security Number: \_\_\_\_\_

(E) Is spouse a legal resident of Pennsylvania? Yes  No  Verified: \_\_\_\_\_

9. Number of Minor Children actually living with applicant. \_\_\_\_\_

10. Ages of these children ; ; ; ; ; ; ; \_\_\_\_\_

IF NOT LIVING WITH THE APPLICANT, IS APPLICANT CURRENTLY PAYING CHILD SUPPORT? Yes  NO   
ATTACH COPY OF COURT ORDER.

**SECTION II – Present Emergency (Definition of loss of income on reverse of MA – VA 17)**

10. Reason for present emergency. Please be specific and provide details concerning the cause(s).

11. (A) If work related, has applicant filed for unemployment compensation? Yes  No   
 (B) If due to illness/injury, has applicant filed for workman's compensation? Yes  No   
 (C) Exhausted all sick benefits? Yes  No   
 (D) Is applicant hospitalized? Date of Admission: \_ Yes  No

**SECTION III - EMPLOYMENT**

12. (A) Name and complete address of veteran's last employer: \_\_\_\_\_

\_\_\_\_\_ (No. & Street) (City/State/Zip) (Phone # With Area code)

(B) Date and net amount of veterans last income \_\_\_\_\_ (MM/DD/YY) (Amount)

(C) Source of income if not from employer listed in item #12(a) \_\_\_\_\_

13 (A) Name and complete address of Spouse's, widow's/widower's last employment. \_\_\_\_\_

\_\_\_\_\_ (No. & Street) (City/State/Zip) (Phone # with Area code)

(C) Source of income if not from employer listed in item #13(a)

14. How has applicant maintained himself/herself/family, since receiving last income listed under item(s) 12(B) / 13(B)?

\_\_\_\_\_

**SECTION IV - INCOME**

15. All current monthly income received in household must be listed.

Union benefits	—	Spouse's employment (NET)	—
Insurance (Sick Benefits)	—	Unemployment Compensation	—
Workman's Compensation	—	Welfare (Cash assistance)	—
Rental Income	—	Veterans Administration	—
Annual or sick leave	—	Retirement	—
Life Insurance	—	Applicant Social Security	—
Interest (Source)	—	Spouse's Social Security	—
Self Employment (Net)	—	Supplemental Security (SSI)	—
		Other	—

**SECTION V - ESTIMATED MONTHLY EXPENSES**

16. Food & Dairy		MONTHLY TOTALS	
Shelter (Rent or Payment on Property)		\$ _____	
Fuel (Coal, Oil, Gas, Electric)		_____	_____
Shoes & Clothing		Electric	Gas/Oil
Medical, out of Pocket (documents)		_____	

TOTAL ABOVE MONTHLY EXPENSES \$ \_\_\_\_\_



SECTION VIII - OFFICIAL SUBMITTING APPLICAITON

**Authorized Jurat Officer**  
**Certificate No. 01-029**  
**Commonwealth of Pennsylvania**  
**Act #92-31 of August 1, 1975**

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(Jurat Stamp/Notary)

20. Signature of Official  
Print Name & Position Samuel J. Marranca, Director  
Organization Veterans Affairs Bureau  
Mailing Address 2 Water Street; Wilkes-Barre, Pa 18702  
Phone number (570) 826-8706

21. Submit any additional information you or applicant desire to provide. If none so indicate  
Please ascertain that applicable items have been completed.

22. Additional information of explanation:

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SECTION IX

**BUREAU FOR VETERANS AFFAIRS**  
**Definition of loss of income,**  
**Sudden or Unexpected, and financial need**  
**In accordance with Act 1988 - 60 Title 51 of the Pennsylvania**  
**Consolidated Statutes**

The BVA defines a loss of income as a reduction in income including but not limited to salaries, wages, bonuses, commissions, income from self employment, support money, cash, disability and the gross amount of pensions or annuities including railroad retirement benefits; all benefits received under the Federal Social Security Act, realized capital gains, rentals, workmen's compensation. This term may not include surplus food or other relief in kind supplied by a government agency. Savings accounts and bonds shall be included and interest received from the investments and other sources of income such as capital funds and monetary support from relatives shall be included. The BVA defines sudden or unexpected as a loss of income from any one of the sources listed about, within 180 days

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