



# Emergency Veterans Support

of Lorain County

PO Box 776

Elyria, Ohio 44035

Phone: 440-654-3548

Email: [evsloraincounty@gmail.com](mailto:evsloraincounty@gmail.com)



Rev 01062026

First Name

MI

Last Name

Street address:

City:

State:

Zip Code:

E-mail:

Phone Number:

Last 4 of SSN:

## Military Service

Army

Navy

Marines

Air Force

Coast Guard

Space Force

National Guard

## Type Of Assistance Needed

Rent

Utilities

Auto Repair

Child Care

Medical

Dental

Food

Other

Home Repair

Travel Expenses

Relocation

## Amount Requested

## Reason or Comments

Have you contacted the Lorain County Veterans Service Office

Yes

No

LCVS Case Worker:

HUD/Vash Case Rep:

Valor Home Case Rep:

## Vendor Information (checks payable to)

Vendor Name:

Vendor Phone #:

Address:

Account #:

City:

State

Zip:

I understand that by signing this that this form is just a request for assistance from The Emergency Veterans Support and that all requests have to be approved by the Board Of Directors of Emergency Veterans Support. This form is in no way a guarantee of financial assistance. Any information on this form is bound by a strict privacy act and Emergency Veterans Support will not give any personal information out unless by applicants request (Note: sometimes used to find more assistance from other charities etc.) Emergency Veterans Support abides any all Federal and State (Ohio) laws and privacy acts.

**(Initial)** By checking this box I am allowing Emergency Veterans Support to speak to my above case worker at Lorain County Veteran Services, The Valor Home, SSVF and or HUD/VASH to obtain supporting information.

**(Initial)** By checking this box I am allowing Emergency Veterans Support to refer my case to other charity organizations and/or non-profits for help in assisting my case.

**(Initial)** By checking this box I am allowing a representative of Emergency Veterans Support to speak to, pay on, and ask questions on the above listed account / accounts. Emergency Veterans Support will not make any changes or arrangements without your further written consent.

Signature:

Date:

**PLEASE ATTACH ALL SUPPORTING DOCUMENTATION**