



El Paso County

Veterans Assistance Heroes Project

Financial Assistance Program



OBJECTIVE

is to assist eligible veterans with BASIC LIFE SUSTAINING NEEDS to avoid or curtail PRIVATION by providing short term rental/mortgage, utility assistance for those that demonstrate a financial need, being a situation in which a person cannot cover rent/mortgage, utility bills due to the amount needed to pay being more than the amount earned at the time if assistance request, due to a circumstance out of ones control.

This is not an entitlement or benefit program based on veteran status.

All applications are individually reviewed on a case-by-case basis. submitting an application does not guarantee approval.

UNELIGIBLE

The following situations may not be eligible, not all inclusive.

- ❖ Chronic unemployment with no evidence of attempts to become employed.
- ❖ Loaned or paid money to others before meeting their own financial obligations regarding shelter and utilities.
- ❖ Living beyond the means of the household.
- ❖ Receiving assistance from another organization for the same request in which one is applying for.
- ❖ Divorced or separated from veteran.
- ❖ Remarried surviving spouse to non-veteran.
- ❖ Qualifying dependents not living with the veteran

ELIGIBILITY

- ❖ Must be El Paso County Resident.
- ❖ Veteran who served as a former member of the Armed Forces of the United States (Army, Marins, Navy, Air Force, Space Force and Coast Guard).
- ❖ Active Duty and Reserve Status for any of the 6 branches of service.
- ❖ National Guard that has served for a period of 20 years or more and/or has served for 180 days or more in a Federal status.
- ❖ Surviving Spouses and immediate qualifying dependents living with the veteran.
- ❖ Character of Service: Honorable, General Under Honorable, Other Than Honorable, Dishonorable and Uncharacterized.
- ❖ Lease/Mortgage, utilities must be in veterans or qualifying dependents name and an El Paso County Address.
- ❖ Demonstrate financial Need (by presenting financial records and commitments).



This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families. For more information, visit TVC.Texas.gov.



El Paso County

Veterans Assistance Heroes Project

Documentation needed for application review



The General Assistance Grant Program is a service that collectively supports veterans, dependents, and surviving spouses who live in the County of El Paso Texas. The assistance is temporary and intended to provide limited emergency assistance and financial relief to clients who can demonstrate financial need.

Failure to submit requested documents will only delay processing your application. If your application is received without all of the supporting documentation requested, your application will be delayed for review until it is provided.

Once the program has received your completed application with all requested supporting documentation a representative may contact you to discuss the specifics of the case.

- **Proof of Military Service**— For veterans - DD-214 Member 4. Persons still serving in the active armed forces or one of its components may apply provided they meet eligibility requirements from the eligibility list on page 1, or is a qualifying dependent and/or unmarried surviving spouse of a qualifying veteran or service member. For current service members - copy of current Military I.D. Card.
- **Identification** – State issued ID, Veteran Health ID Card, Veteran ID Card or DOD ID.
- **Current 30 day financial statements showing transaction history on all financial accounts for every member in the household** – This includes all checking, savings accounts, retirement accounts, certificate of deposits accounts, money market accounts, all investment accounts, stocks, bonds, etc...
- **Copy of billing statements for which one is requesting assistance** – Statement must clearly state the veteran is legally responsible for the bill. The statement should include the account holder's name (either the veteran or dependent of the veteran), account number, as well as the creditor's name, remittance information and total amount due. Statements need to be within current due date. A current signed lease for rental assistance and a mortgage statement for mortgage assistance are required and must be under veteran or dependents name.
- **Demonstration of financial need and any additional documents, statements or letters supporting your request** – These can be any documentation that you feel will help validate your request for assistance.

Additional supporting documentation may be requested from you as your application is being processed.



El Paso County Veterans Assistance Heros Project

Applying for assistance



The assistance program may assist with.

- **Mortgage:** payments (including escrow) and payments in arrears.
- **Rent:** payments for deposits, late fees, and payments in arrears.
- **Utilities:** cost to provide electric, water, gas, garbage, internet, and beneficiary household's primary user's cell phone service (also includes late fees, and payments in arrears).
- **Vehicle:** insurance, and loan payments to beneficiaries' primary vehicle. These payments are per beneficiary household per grant period to allow travel in support of work, school, medical appointments.

Applications may be submitted by:

Emailing to:

jmartindelcampo@epcounty.com
or
cvso.gem@epcountytexas.gov

Fax:

(915) 759-0217

Drop off (by appointment at):

El Paso County Veterans Office
4641 Cohen Ave. Ste. D
El Paso, TX 79924
(915) 273-3454 Option 2

PLEASE NOTE: Due to privacy concerns status check requests for your application must be made by email while your file is being processed. Status checks by phone will be denied, and you will be directed to correspond your status check by email to cvso.gem@epcountytexas.gov. Please include your full name in the request. We will let you know the status of your application as soon as possible. Thank you for your patience, understanding, and service to our country. We do appreciate it.

To help expedite this process, please ensure you have submitted all required documentation when applying and as additional documents are requested. Failure to do so will only delay your application. Decisions about your case are based on all information available to us. You need to forward any additional documents applicable to your case as you receive them.

FINAL DECISIONS: Are sent to the email address listed on your application. If your email address, phone or other contact information changes while we are processing your application, please immediately inform us.



El Paso County Veterans Assistance Heroes Project

Frequently asked questions



1. **I am currently Active Duty deployed in another state/country, does my family qualify?**

Yes, With the proper dependents documentation we may assist qualifying dependents that are living in El Paso County.

2. **I Live in El Paso, Texas but my drivers license is from another state. May I still apply?**

Yes, as long as the veteran/servicemember is on the lease or utility bill for services in the El Paso County, the program may assist.

3. **I am requesting assistance, but my name is not on the lease or utility bills, may I still apply for assistance?**

May-Be, if you are staying with a friend the program is not going to pay their bills. If your spouse is the only one on the lease and you reside withy them, we may assist but would require a copy of the marriage certificate and other supporting documentation.

4. **I must give payment today or pay late fees. Will this get paid out today?**

No, Applications are first reviewed by this office once a full and complete application has been submitted. If approved a voucher is created and submitted to the County for a check to be created. Lastly checks are released through Commissioners Court which convenes on Mondays. The process may take 10 to 15 business days or up to 20 after receiving a complete application package.

5. **When is my application deemed complete?**

An application is deemed complete when all supporting documentation has been received, the information has been verified, the office has no further questions, and all bills presented have been validated.

6. **Once approved is a check sent to me or deposited into my bank account?**

No, The El Paso County Veterans Assistance Heroes Project cannot issue payments to you if approved. Instead, the County will issue payments to your creditors.

7. **Why do I need to submit financial information on all adult members residing in the household?**

Financial information on all adult members residing in the household is necessary because many items are shared by the members of the household, such as water, electricity, shelter, food, communications services, etc.



El Paso County Veterans Assistance Heros Project Frequently asked questions (continued)



8. What if I do not have an email or access to a computer printer or scanner?

If you do not have access to a computer printer or scanner, you may call (915) 273-3454 Ext 2 and leave a message requesting an appointment to include your name and a good contact number. A case manager will get ahold of you to set up a special appointment to pick up and/or drop off applications.

9. Why must I submit so much documentation for assistance?

We want to help you, yet at the same time we must be good stewards of the limited resources we have to help veterans and their families. While the application process may be lengthy, you can get through the process faster with full disclosure and truthful representations. Please understand this assistance is not an entitlement simply because you are a veteran. It is a program created by the El Paso County Veteran assistance Office, to assist those in financial need in our community, with temporary short-term assistance for basic life sustaining needs to avoid privation.

10. How do I know if I have been approved for assistance?

You will receive notification via email explaining the assistance the program may give, and it will include additional instruction. This email can be used as confirmation of payment that you may forward to your creditors for proof of payment being made by the El Paso County Veterans Assistance Heroes Project on behalf of the veteran.

11. I received an email saying I was not Eligible. Can I appeal this decision?

Yes, to avoid this and to give yourself the best possible chance at receiving assistance, please ensure you meet the eligibility criteria for financial need as described in the objective of the program and disclose all information at the time of your application. The email notification if ineligibility will have the instructions to set up a face-to-face appointment for appeals. You will be required to bring in supporting documentation to this appointment.



El Paso County Veterans Assistance Heros Project Frequently asked questions (continued)



12. **I was denied once; can I apply again at a later time?**
Yes, A new application will be required with supporting documentation.
13. **I have applied to other organizations for assistance; will you also assist?**
No, If you are currently receiving assistance from another program/organization we may not assist. The program is set up to assist with what is currently due. If other programs or organizations are currently assisting, we may not be able assist.
14. **I have applied and received assistance from this program in the past. Will the program assist again?**
May-Be, this program runs through a grant year that is from July 1, 2025 to August 31, 2026. If you received assistance from the previous grant year, we may assist again. If you had received assistance during the current grant year, the confirmation email will inform you of what the office may assist with for future assistance. Each hardship is unique and different.



Fund for Veterans' Assistance

Helping Veterans Starts Here





El Paso County Veterans Assistance Project for Heroes Application



1. Applicant Information

Date: _____ Referred By _____ Precinct _____

Client: _____
Last Name First Name MI

Address: _____ Apt/Ste: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ DOB: ____/____/____ SSN: _____
MM DD YYYY

Client Relationship: ☐ Veteran ☐ Spouse ☐ Surviving Spouse ☐ Child ☐ Parent

Gender: ☐ Male ☐ Female Documents: ☐ DD214 ☐ VA Card ☐ Picture ID ☐ DOD Dependent(s)

2. Veteran Status

Veteran's Name: _____
Last Name First MI

Veteran Status: ☐ Retired ☐ Medical Retired ☐ Honorable ☐ General Under Honorable

Branch: ☐ Army ☐ Navy ☐ Marines ☐ Air Force ☐ Coast Guard ☐ Army Reserves

☐ Army National Guard ☐ Air National Guard ☐ Others: _____

3. Questionnaire

Household Number: ☐ Veteran ☐ Spouse Children _____ Other _____

Household Income: Monthly: \$ _____ Yearly: \$ _____

* DISCLAIMER: I AM AWARE THAT IF THE INFORMATION PROVIDE IN THIS APPLICATION IS FOUND TO BE FALSE, I WILL BE SUBJECT TO CRIMINAL, CIVIL AND ADMINISTRATIVE PENALTIES AND SANCTIONS. BY SIGNING BELOW THE APPLICANT UNDERSTANDS THAT THIS APPLICATION IS NOT A GUARANTEE OF PAYMENT OR ASSISTANCE. THIS OFFICE IS AUTHORIZED TO OBTAIN INFORMATION NECESSARY TO DETERMINE ELIGIBILITY.

Signature of Applicant

Date

Signature of Spouse

Date



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El Paso County's Veteran Assistance Project for Heroes

Release of Information

Application *(continued)*



4641 Cohen Ave, Ste D
El Paso, TX 79924
Phone: 915-273-3454, Option 2

I, _____, do hereby authorize the release of all information contained in my file to authorized representatives of the El Paso County Veteran Assistance.

I ☐ **DO** ☐ **DO NOT** agree to provide my social security number. (See Privacy Act Statement Below)

I also understand that, if deemed necessary, El Paso County Veteran Assistance has full permission and authorization to forward any correspondence I may have sent concerning my case.

I further understand that I will save harmless both the agency or organization divulging the information and the El Paso County Veteran Assistance office as it relates to the giving and accepting of any information on my behalf for the sole purpose of determining my eligibility status for assistance.

_____ Signature		_____ Date
_____ Date of Birth	_____ Phone Number	_____ SSN (Optional)
_____ Address		_____ City
_____ Apt/Ste	_____ TX	_____ Zip Code

PRIVACY ACT STATEMENT REGARDING THE PROVISION OF SOCIAL SECURITY NUMBERS

I understand that under the Privacy Act of 1974 (5 U.S.C. § 552a, note) and the 1976 amendment to the Social Security Act of 1976 (42 U.S.C. 405 (c)(2)), the County's request for my social security number is optional, and that general assistance benefits will not be denied if I otherwise qualify, but choose not to provide my social security number. I further understand that my social security number is requested in order to help determine whether I qualify for general assistance benefits.

_____ Printed Name	_____ Signature
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El Paso County Veterans Assistance Project for Heroes

Checklist

Application (Continued)



Terms and Conditions

If approved for financial assistance, clients may be permitted to receive rent/mortgage and/or utilities assistance during the grant cycle. This program is short term services. The current cycle grant period is from July 1, 2025-August 31, 2026. Financial assistance is open to qualified Veterans, Active Duty Servicemembers, Qualifying Dependents, and Surviving Spouses of Veterans.

Rent & Utility Assistance Payments

- Rent checks are mailed directly from the County of El Paso to the landlord/owner. A completed and signed *Owner Rental Statement form*, *W-9 form* and *Lease/Mortgage statements* are required before any payments are made.
- Utilities checks are mailed directly from the County of El Paso to respective billing agencies. Billing statements for all requested assistance are required for processing. The most recent bill with past due obligations or final notice is not sufficient. Statements must be under the name of the veteran or qualifying applicant applying for assistance.
- Checks are typically mailed between 5-10 business days after submission of complete application but can take up to 20 business days.

Required Documents (Not all inclusive)

- Copy of DD-214 Member 4/Certificate of Release with Discharge Character of Service Honorable, General Under Honorable, Other than Honorable, dishonorable or Uncharacterized; and
- Copy of Driver License; or
- Uniform Services Identification Card; or
- VA ID or VA Health Care ID Card;
- Active Duty, Letter from First Line;
- Demonstrate Financial Need through bills or invoices related to your expenses, such as mortgage/rent, utilities, or loans. The client must be the person named on mortgage, rent, loan, vehicle title, or other bill/invoice presented for financial assistance; and supported by
- Current Banking Statements for Household along with Income Expense Worksheet.
- If unemployed, demonstrate proof of employment registration showing ACTIVE status within past 30 days with Texas Workforce Solutions (915-887-2600).
- If there is low household income, client(s) will provide documentation they have sought other types of outside assistance (i.e. TANF, Child Support, SNAP, WIC, etc. Proof of receipt of application from the pertinent agency is required.

Print Name

Signature

Date



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El Paso County Veterans Assistance Project for Heroes
Income and Expense Worksheet
Application (continued)



Client Name: _____

MONTHLY HOUSEHOLD INCOME/RESOURCES (include all individuals in household)

Severance Pay _____
Unemployment _____
Workers Compensation _____
Food Support _____
VA Compensation/Pension _____

Work/Job's/Ret _____
VA Educational _____
Child Support _____
Social Security _____
Other _____

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

MONTHLY HOUSEHOLD EXPENSES

Housing:

Rent/Mortgage _____
Water/Sewer/Trash _____
Electricity _____
Gas _____
TV (Cable/Satellite) _____
Telephone _____
Home Insurance _____
Property Tax _____
Maintenance/Repair _____
Other _____

Medical:

Insurance Premium _____
Prescriptions _____
Dr./Dental/Chiro _____

Children's Expenses:

Child Support _____
Child care _____
Activities/Sports _____
Tuition _____

Transportation:

Car Payment _____
Insurance _____
Gasoline _____
Maintenance/Repair _____

Personal:

Clothing _____
Hair Cuts _____
Entertainment _____
Gifts _____

Miscellaneous:

Food _____
Household Supplies _____
Newspaper/Magazine _____
Pet Care _____
Charge Cards _____
Loan Payments _____
Other Monthly Expenses _____

TOTAL EXPENSES _____

INCOME – EXPENSES = \$ _____

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Signature _____ Date _____



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El Paso County Veterans Assistance Project for Heroes Financial Hardship Application (continued)



Reason for Financial Hardship

Please describe what happened that has created the financial hardship.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What I have done to resolve the hardship

Please explain what action (s) you have taken to resolve this hardship on your own, other than applying for assistance.

[illegible]

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El Paso County Veterans Assistance Project for Heroes
Owner Rental Statement
Application (continued Rent Only)



To be filled out by landlord

I, _____ rent an
Owner/Apt. Manager

apartment/house to _____
Tenant(s)

at, _____, Texas _____
Address City Zip Code

Rent is (Check Applicable Request): ☐ Due ☐ Past Due ☐ First Month's Rent ☐ Deposit

For the amount of \$ _____, which is/was due on _____.
Amount Date

PLEASE MAKE CHECK OUT TO: Print Clearly

Owner Tax ID/SSN

_____, TX _____
Address City Zip Code

Phone Number Email Address

Owner's Tax ID # or Social Security Number MUST be included

By signing this form, I am hereby certifying the following:

1. This amount ____does ____does not include deposits that the tenant or prospective tenant owes.
2. This amount ____does ____does not include any late fees, or any other fees that the tenant or prospective tenant owes.
3. This payment guarantees the tenant or prospective tenant an additional 30-day residency.
4. I am in no way related to the tenant.

Note: Upon qualification of applicant, expect up to 20 working days for payment to be mailed. Thank you.

Signature

Date



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El Paso County Veterans Assistance Project for Heroes

Terms and Conditions

Application (continued)



PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY INITIALING AND SIGNING IN THE SPACE PROVIDED.

_____ I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to award, or if awarded, for repayment of award in full. FEDERAL FALSE CLAIMS ACT—31 USC 3729-3733. (Updated August 2010 an incorporating passage of Pub. L. No. 111-203, 124 Stat. 1376) § 3729. False claims—(a) Liability for certain acts. (1) In general. Subject to paragraph (2), any person who-- (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; ... is liable to the United States Government for a civil penalty of not less than \$ 5,000 and not more than \$ 10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104 -410), plus 3 times the amount of damages which the Government sustains because of the act of that person.

_____ I authorize any of the persons or organizations referenced in this application to give you any and all information concerning the information I have provided, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

_____ I agree to allow the Veterans Assistance Program (VAP) to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by VAP personnel.

_____ I understand that I should submit updated information as I receive them while my application is being processed. Any bill that cannot be independently verified will not be paid. Receipts, handwritten invoices, statements with \$0 due, and notice of automatic withdrawal will not be accepted.

_____ I understand that if I fail to submit requested documents **within 5 business days of request** and I have not corresponded with the assistance program during that time, my application will expire, and I will not be notified of the expiration.

_____ I understand the primary purpose of the VAP is to meet the unique and urgent needs of Texas military/veterans and their immediate family members that meet our eligibility standards as outlined on pages 1 and 2, and that **VAP is not a wage replacement due to unemployment nor is it a pension, benefit or entitlement program based on veteran status.**

_____ I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

_____ I understand that I will send legible copies of original documents only as entire application and all supporting documents will not be returned.

_____ I agree to hold the Texas El Paso County Veterans Assistance Office, their agencies, officers, employees, agents, sponsors, and subordinate units harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss or perceived loss that may occur.

_____ Due to privacy concerns, status check requests for applications must be made by email while your file is being processed. Status checks by phone will be denied, and you will be directed to correspond your status check by email to **cvso.gem@epcountytexas.gov**. Please include your full name in the request. We will let you know the status of your application as soon as possible.

Applicant Signature

Date

Printed Name

All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee approval.



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