FINANCIAL ASSISTANCE PROGRAM
STARK COUNTY VETERANS SERVICE COMMISSION

MORTGAGE VERIFICATION FORM

APPLICANT'S INFORMATION	
Full Name	
Street Address	
City, State Zip Code	
Telephone Number	

CONTRACTUAL OBLIGATION			
Amount of Mortgage?	$		
Mortgage Due Date		Last Date Mortgage Was Paid	
Are There Any Arrearages?	☐ Yes* ☐ No	*If yes, amount $	
Is Mortgage in Foreclosure?	☐ Yes* ☐ No	*If yes, foreclosure letter must be attached	

LIST OF ALL INDIVIDUALS LIVING AT THE RESIDENT	
Full Name	**Relationship to Applicant**

MORTGAGE INFORMATION	
Lender	
Street Address	
City, State Zip Code	
Telephone Number	
Account Number	

FORM MUST BE SUBMITTED WITH APPLICATION FOR FINANCIAL ASSISTANCE
Form is required once, unless mortgage information or number of individuals in resident changes.

I CERTIFY that all the information contained in this form is true and accurate to the best of my knowledge and that I am aware that Stark County Veterans Service Commission is relying upon this information in determining my eligibility for benefits.

I FURTHER CERTIFY that I understand providing false information will subject me to criminal penalties and/or civil sanction.

_____ _____

Applicant's Signature Date