

# CAMERON COUNTY VETERANS SERVICE OFFICE



## FINANCIAL ASSISTANCE FOR VETERANS

- UTILITIES
- DENTAL
- TRANSPORTATION
- FUNERAL

Call us for more information

Eliazar Gonzalez  
Clarissa Lopez



(956)544-0811/(956)641-0662  
(956)247-3349

[cclighthouse@co.cameron.yx.us](mailto:cclighthouse@co.cameron.yx.us)

*Operation Lighthouse*

"THIS PROGRAM IS SUPPORTED BY A GRANT FROM THE TEXAS VETERANS COMMISSION FUND FOR VETERAN'S ASSISTANCE. THE FUND FOR VETERAN'S ASSISTANCE PROVIDES GRANTS TO ORGANIZATION SERVING VETERANS AND THEIR FAMILIES"

# OPERATION LIGHTHOUSE

## Application Checklist

### **Assistance is available for Cameron County Residents ONLY**

Veterans please provide **ONE** of the following to verify US Military Service:

- DD 214
- DL/ ID

**Surviving Spouses** must provide the following forms:

- Marriage Certificate
- Death Certificate
- DD-214 (Discharge Paperwork)
- DL/ ID

Provide the following:

(Bills must be under Veteran or Spouse name)

### **Funeral Expenses** (Veteran/ Surviving Spouse)

\_\_\_\_\_ Itemized bill not fully paid

\_\_\_\_\_ Death Certificate/ Statement of Death

### **Utility Assistance** (Veteran/ Surviving Spouse)

\_\_\_\_\_ Past due or Current (unpaid) Bill

\_\_\_\_\_ Disconnection notice (if applicable)

### **Dental Assistance** (Veteran ONLY)

\_\_\_\_\_ Dental bill/receipts

### **Transportation** (Veteran ONLY)

\_\_\_\_\_ Transportation receipt

# OPERATION LIGHTHOUSE

## Veterans Assistance Application

Applicants Name: \_\_\_\_\_ Relationship to Veteran: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Veteran's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Does Veteran or surviving spouse reside in Cameron County? Yes / No  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ VA Rating: \_\_\_\_\_ % VSO: \_\_\_\_\_  
Where are you employed? \_\_\_\_\_ Job Title: \_\_\_\_\_  
Monthly Household Income: \_\_\_\_\_ Are you receiving Dependent Indemnity Compensation (DIC)(Spouses ONLY)? Yes / No  
Assistance you are applying for:  
\_\_\_\_\_ UTILITY ASSISTANCE \_\_\_\_\_ DENTAL  
\_\_\_\_\_ FUNERAL EXPENSES \_\_\_\_\_ TRANSPORTATION

### Veteran/ Surviving Spouse

The following form known a W-9 is needed from your Vendor  
W-9 should have the company's information **not your information**  
**W-9 should must be acquired in 30 days if not your application will expire**

1. As a participant, I authorize Cameron County Veterans Services to request, obtain, and/or view all information concerning assistance requested. Information includes but is not limited to charges owed, status of services rendered, and confirmation of completion of services assisted.
2. My answers to all previous questions, the statements I have made and the information I have provided are true and correct to the best of my acknowledge and belief.
3. I am aware that the funds will be paid directly to the vendor and no funds will be given to the applicant.
4. I am aware that this program takes 30 to 45 days to submit payment to vendors and hereby will continue to make payments to the best of my ability unless I am told otherwise.
5. I am aware that I am subject to prosecution for providing false or fraudulent information or for omitting information that may affect my eligibility for benefits. Whoever obtains or attempts to obtain services for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction, may be fined and/ or imprisoned.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Outreach Specialist

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*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*