

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.tx.us

<https://www.cameroncountytexas.gov/veterans-department/>

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*