ATHENS COUNTY VETERANS SERVICE OFFICE

**FINANCIAL ASSISTANCE CHECK LIST**

INCOMPLETE APPLICATIONS WILL NOT BE APPROVED

Please Read: MISSING DOCUMENTS WILL RESULT IN RESCHEDULING

Once all items on the list below have been collected (only those that pertain to the applicant), please contact the office at, **740-592-3216**, to schedule an appointment with the Financial Assistance Counselor.

Financial Assistance is not an entitlement and you must demonstrate a documented need. Funding for the Athens County Veterans Service Office is provided through property tax revenues and our office works diligently to ensure all assistance is dispersed in the best interest of those taxpayers.

\_\_\_\_\_ A copy of all DD214’s, **unless previously provided**. You must have an honorable or Under Honorable Conditions (General) character of service and must be visible on the DD214

\_\_\_\_\_ A copy of **ALL** income for the last **30** days for **ALL** individuals that live at your residence. Please provide employment paystubs, VA compensation award letters, VA disability award letters, Social Security award letters, child support payments, foster care payments, and any other miscellaneous income.

\_\_\_\_\_ Proof of residency of Athens County for at least 90 days (i.e., utility bill with your address)

\_\_\_\_\_ A copy of your marriage certificate, divorce decree, death certificate, and/or birth certificates of minor children. **Unless** these documents have previously been provided.

\_\_\_\_\_ A copy of your current lease and completed Land Lord Statement.

\_\_\_\_\_ A copy of your **bank** **activity** for **ALL** accounts for the last 30 days. This is to include ALL individuals 18 years of age or older living at the residence.

**\_\_\_\_\_ Copies and proof of payment or non-payment of the following if not clearly identified on bank activity document.**

 \_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_ Insurance (Home, Life, Auto) \_\_\_\_\_ Phone, Internet, Television

 \_\_\_\_\_ Credit Cards, Bank Loans, Court Fines and Fees \_\_\_\_\_ Estimated 30 Day Food and Fuel Expense

 \_\_\_\_\_ Any miscellaneous payments not identified above

**\_\_\_\_\_ Completed Financial Assistance Questionnaire.**

**\_\_\_\_\_ Minimum of 2 Estimates for any type of repairs (Applicant will be responsible for any applicable taxes in the event of an approved application).**

**\_\_\_\_\_ Vehicle Registration**

 **NOTE: WE WILL NOT CONSIDER UTILITY ASSISTANCE FOR ANY UTILITIES NOT IN THE APPLICANTS NAME.**

**VETERANS SERVICE COMMISSION MEETINGS ARE HELD THE 1ST AND 3RD MONDAY OF EACH MONTH AT 4 P.M.**

**WITH THE EXEPTION OF MONDAY HOLIDAYS THAT WE ARE CLOSED THEN THE MEETING WILL BE THE TUESDAY OF THAT WEEK.**

**DEADLINE FOR FINANCIAL ASSISTANCE APPLICATIONS IS 4 P.M. THE THURSDAY PRIOR TO COMMISSION MEETINGS.**

ATHENS COUNTY VETERANS SERVICE OFFICE

FINANCIAL ASSISTANCE QUESTIONNAIRE

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/2023

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIRCLE ONE: VETERAN/WIDOW

PLEASE ANSWER THE FOLLOWING IN AS MUCH DETAIL AS POSSIBLE.

1. WHAT SPECIFICALLY ARE YOUR REQUESTING ASSISTANCE FOR?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. WHAT ARE THE CIRCUMSTANCES OR HARDSHIP ARE YOU EXPENERINCING THAT HAS RESULTED IN NEED FOR FINANCIAL ASSISTANCE? WHAT IS CAUSING YOU TO BE UNABLE TO AFFORD YOUR REQUEST? IS IT DUE TO AN UNEXPECTED EXPENSE OR LOSS OF INCOME?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Athens County Veterans Service Office**

**Financial Assistance Agreement of Understanding**

I, the undersigned applicant, have read and understand the general process outlined below for requesting and applying for financial assistance.

* Request for financial assistance is not a guarantee.
* All requested documents are to be provided in order to provide an overview of the applicant’s situation and assist in determining need for assistance.
* All applications must be submitted to the Athens County Veterans Service Commission (ACVSC) for review and discussion for approval or denial.
* ACVSC meetings take place ever 1st and 3rd Monday of the month.
* All documents and applications need to be submitted to the Office Manager no later than the Thursday prior to an established meeting.
* The ACVSC reserves the right to:
1. Approve all or a portion of a request.
2. Deny request for cause.
3. Table a request for further review if further evidence or documentation is needed.
* Requests for repairs (Home or Automobile) will be required to have two estimates.
1. Home repairs requires two estimates by licensed and insured contractors. (See Contractor/Vendor Agreement for further details).
2. Automobile repairs require two estimates from notable repair shops.
* Any and all requests that are approved will be made payable to vendor, not the person requesting.
* Once a decision has been made, the requestor will be notified via mail of the ACVSC decision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**BANK ACCOUNT ACTIVITY REQUEST**

I am applying for services from the Athens County Veterans Service Commission.

As part of the application process, I must submit copies from the last **30** days activity of ALL my bank accounts. This is not the bank statement, but account activity.

This report must list the names of all the account holders.

Please provide a copy of my last **30** days activity statement for all my accounts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**RELEASE OF LIABILITY**

I have read and understand the requirements for receiving financial assistance from the Athens County Veterans Service Commission. I further understand and agree that the Athens County Veterans Service Commission may make a thorough investigation of my financial circumstances, employment and income, housing, and utility services. Therefore, I hereby release the Athens County Veterans Service Commission and its employees or others from any liability or damages which may result from this exchange of my personal information. **I understand that all assistance awards are based on eligibility, a demonstrated and documented need.** I understand that funding for the Athens County Veterans Service Commission is through property tax revenues and understand that the Athens County Veterans Service Commission diligently works to ensure all assistance is dispersed in the best interest of those taxpayers. **I further understand that knowingly providing false, misleading or incomplete information when applying for financial assistance may result in the denial of financial assistance now and in the future, require restitution, and subject to criminal prosecution.** I hereby certify that all statements provided by me at any step of the application process are true, complete, and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Address City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip

**ATHENS COUNTY**

**VETERANS SERVICE OFFICE**

88 N. Plains Rd. Suite 102

The Plains, OH. 45780

740-592-3216

**\*RENT STATEMENT\***

**TO BE COMPLETED BY LANDLORD ONLY**

I, the undersigned landlord/manager, state that Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Tenant Name)

Do/Will reside at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

and RENT/LEASE (Circle One): House Apartment Room Trailer

If tenant lives in trailer, please state lot rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Monthly Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Excluding cable, water, sewer)

Number of persons in residence \_\_\_\_\_\_\_ Date moved/moving in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount behind in rent $\_\_\_\_\_\_\_\_\_\_ No. of months behind \_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please provide printed documentation of tenant’s payment history.\*\*

Name of Landlord or Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that false statements made on this form may lead to prosecution. I have completed and/or reviewed all information pertaining to the tenant and I certify that it is correct to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED BEFORE CONSIDERATION FOR ASSISTANCE IS EXAMINED**

**BY THE ATHENS COUNTY VETERANS SERVICE COMMISSION.**

Sincerely,

John Woods

Investigator

CONTRACTOR VENDOR AGREEMENT

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_OH\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-named applicant is applying for Financial Assistance with the Athens County Veterans Service Office (ACVSO). The applicant is required to provide an estimate/quote for the assistance in which they are requesting.

We request that the contractor or vendor providing the estimate or quote to complete this agreement.

Once the applicant has received an estimate/quote for work to be performed they will meet with the ACVSO Office Manager to complete their Financial Assistance application. Once the application is completed, it will then be submitted to the ACVSO Board of Commissioners for decision.

When providing a quote, we request it include the following:

* Material/Parts Cost
* Labor Cost
* Misc. Cost such as disposal
* Taxes (Taxes are the responsibility of the applicant)

In the event the Commissioners approve the application funds will be drawn in the form of a check made out to the contractor/vendor that is approved and only in the amount quoted. The office manager will hold those funds until the quoted work is complete and a final receipt is provided by the contractor or applicant to the office manager

I, the undersigned agree to these terms.

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor License and Insurance #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_OH\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

ATTACH COPY OF QUOTE WITH THIS DOCUMENT

CONTRACTOR VENDOR AGREEMENT

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_OH\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-named applicant is applying for Financial Assistance with the Athens County Veterans Service Office (ACVSO). The applicant is required to provide an estimate/quote for the assistance in which they are requesting.

We request that the contractor or vendor providing the estimate or quote to complete this agreement.

Once the applicant has received an estimate/quote for work to be performed they will meet with the ACVSO Office Manager to complete their Financial Assistance application. Once the application is completed, it will then be submitted to the ACVSO Board of Commissioners for decision.

When providing a quote, we request it include the following:

* Material/Parts Cost
* Labor Cost
* Misc. Cost such as disposal
* Taxes (Taxes are the responsibility of the applicant)

In the event the Commissioners approve the application funds will be drawn in the form of a check made out to the contractor/vendor that is approved and only in the amount quoted. The office manager will hold those funds until the quoted work is complete and a final receipt is provided by the contractor or applicant to the office manager

I, the undersigned agree to these terms.

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor License and Insurance #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_OH\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

ATTACH COPY OF QUOTE WITH THIS DOCUMENT