Soldiers Relief Fund

Requirements for Soldiers Relief Fund Applications for Emergency Needs

The Soldiers Relief Fund is intended to assist Veterans and their dependents who are facing an emergent need (an unforeseen circumstance causing a temporary financial emergency or hardship that a grant will resolve) The Lapeer County Department of Veterans Affairs and the Veterans Affairs Committee oversees the Lapeer County Soldiers Relief Fund. The Veterans Affairs Committee reviews and decides applications to the Soldiers Relief Fund. The criteria for applying to the Lapeer County Soldiers Relief Fund are listed below:

- Veteran must provide a copy of their DD-214
- Veteran must be discharged under Honorable conditions, with at least 6 month of active service (or separated as a result of a physical or mental disability incurred or aggravated by active duty).
- Veteran must be a legal resident of Lapeer County for at least 6 months at the time of application.
- There must be at least 6 months from the last approved application to the Soldier's Relief Fund.
- Application must be completed and submitted before a Soldiers Relief Fund board meeting will be scheduled.

All applications must include the following as indicated

- Veterans DD-214
- Picture ID (indicating home address)
- Copy of marriage license (if applicable)
- Birth Certificates of minor children
- All household income for the past 30 days (if adult over 18 years of age lives in the household provide school ID for high school or college)

For Assistance with the following the information must be provided as indicated.

Utilities:

Consumer Energy/DTE

- current bill
- If shut off has been received include notification

Water bill

• Include shut off notice

Fuel Oil, Wood or Propane

Include estimate

Housing:

Rent (existing)

• Must have **ONE** of the following: Rent account statement, Notice to quit, or Demand for Possession

New Rental

• New rental must have rental agreement from landlord with move in cost.

Mortgage:

- Applicant must provide name of Mortgage Company of Land Contract Holder with contact information and account number
- Last mortgage statement

Taxes:

• Must have property tax statement from Lapeer County Treasurer's office. (notice of foreclosure due to non-payment)

Emergency Needs: (Hot water heater, stove, refrigerator, etc.)

Must have two estimates.

Transportation:

Automobiles:

- Title or registration to vehicle
- Proof of current insurance on vehicle
- Statement from finance company confirming monthly payment amount, amount delinquent, due date.

Insurance:

- Title or registration of vehicle
- Proof of current insurance on the vehicle
- Statement from insurance company confirming monthly payment amount, amount that is delinquent and du date.

Repairs:

- Title or registration of vehicle
- Proof of current insurance on vehicle
- Two estimates if possible from licensed auto repair shop

Medical and Dental:

We encourage veterans to apply for VA Health Benefits to possibly receive assistance with obtaining hearing aids or glasses.

Dental:

• Two estimated from dentist if at all possible

^{*}Soldiers Relief fund does not pay late fees on any request.

LAPEER COUNTY DEPARTMENT OF VETERANS SERVICES SOLDIERS & SAILORS FINANCIAL RELIEF

APPLICATION FOR A FINANCIAL GRANT

1. VETERAN'S NAME (Last, First, Middle Initial)		2.DATE	2.DATE OF BIRTH		3. COUNTY OF RESIDENCE	
4.STREET ADDRESS	CITY		ZIP CODE	5.]	PHONE NUMBER	
6.SERVICE NUMBER SOCIAL SECURITY #	7. IS THE VETER	AN DEC NO	EASED	A STATE OF THE PARTY OF THE PAR	IONORABLE CHARGE YES NO	
9. ELIGIBILITY (Be sure to include Last period of qualifying active duty)	ENTRY DATE(S)			REI	LEASE DATE(S)	
I have reviewed the service da requirements for the Soldiers			ant meets the	ser	vice and financial	
SIGNATURE OF INTERVIEWE	R				DATE	
The remaining sections are Answer all items/state "none"		y the a	pplicant (witl	n as	ssistance, if necessary).	
10. NAME OF APPLICANT (If other than veteran)	11.RELATIONSHII	12. PH	IONE NUMBE	R	13.SOCIAL SECURITY #	
14. ADDRESS (including stre	eet, city, ZIP code)	15.	REASON VET	ERA	AN IS NOT APPLYING:	
16. List each legal dependent	of the veteran, in	cluding ı	elationship &	age	e (spouse & children)	
NAME		RELAT	TIONSHIP and	AG	E	
1						

Page 2 of 4

17. MOST RECENT EMPLOYER (Veteran)	FROM TO		MOST RECENT EMPLOYER (Spouse)			FROM TO	
18. HAS VETERAN RECEIVED FINANCIAL ASSISTANCE IN THE PAST, IF SO LIST PROGRAM YES NO		19.DATE 20		20. CO	20. COUNTY		
21. Purpose for seeking grant committee.	. Items listed	d here a	are the	only ones t	hat will b	e cons	idered by the
Type of assistance requested (Mortgage, Rent, Electric, etc.)	(a)	(b)		(c)	(d)		(e)
Amount Needed							
22. *Any person who shall knowingly, by fraudulent representations, obtain or allow to be obtained any payment or aid provided by Lapeer County shall be deemed guilty of a felony (if over \$100.00 – MCL 750.218) or a misdemeanor (if less than \$100.00 – MCL 35.609) and upon conviction shall be subject to a fine of \$5,000 or 10 years imprisonment, or a fine of \$500.00 and/or imprisonment of 6 months, respectively, at the discretion of the court. (PA 9 of 1946, as amended)							
I certify that the above information is true and factual to the best of my knowledge, and I authorize the Lapeer County Veterans Affairs Committee or agent to receive, transmit, and verify any information reported on this entire application to include employment, income, and expenses (not all inclusive) reported.							
SIGNATURE OF APPL	ICANT						Date

MONTHLY INCOME	MONTHLY EXPENSE	MONTHLY EXPENSES				
TYPE		AMOUNT				
Wages (Veteran)	TYPE	MONTHLY	COMMENT			
Wages (Spouse)	Rent*					
Social Security (Veteran)	Mortgage*					
Social Security (Spouse)	Food (including cleaning supplies, etc.)					
VA Compensation	Heating/Gas*					
Military Retirement	Electricity*					
VA Pension	Telephone*					
Civilian Pension	GARBAGE/WATER					
Rental Income	Property Taxes					
Investments	Insurance (House)					
Unemployment	Medical*/Prescription					
SDI (State)	Car Payment					
Food Assistance	Car Insurance*					
SSI benefit	Child Support/Care					
Child Support	Gasoline					
Other	Cable TV					
	CREDIT CARDS					
	Other					
Total	Total					

*These items *must be verified* by receipts or account books for the past 3 months.

ASSETS (annotate Totals)			LIABILITIES (Balances)		
Savings		Bonds / CDs		Mortgage Balance	
Real Estate (Home Value)		Auto		Loan(s) Balance	
IRAs		Auto		Credit Cards	
Other-Real Estate		Other		Medical Bills	

I hereby certify that I and/or my dependents have no other financial resources other than those listed above. Combined with the information on the emergency grant application, this is an accurate presentation of my financial status. Subject to Section 23.

SIGNATURE OF APPLICANT	DATE

Soldiers Relief Fund-Interview QUESTIONS (page 4 of application) Veteran/Applicant_____ Date of Application_____ What unforeseen situation occurred that caused your need for applying? When did it occur? What were the costs associated with this situation? Were payment arrangements attempted and if so what was the result? Is this situation temporary or short term? Please explain why. .If your request is for housing improvements, car repairs, etc. what date was the home/car purchased? When was it repaired? How will the applicant be able to pay ongoing financial obligations in the future?