

# MICHIGAN VETERANS TRUST FUND COUNTY

Email:

Phone:

Fax:

The Michigan Veterans Trust Fund Emergency Grant Program is designed to assist eligible applicants during an emergent need hardship. “Emergent need” is further defined to mean an unforeseen circumstance causing a temporary financial emergency or hardship that a grant will resolve. The key factor in determining whether or not a grant is approved is the ability of the applicant to manage the obligation for which aid is requested after a grant is made. If there is no reasonable expectation that the MVTF grant would enable the applicant to resume his/her financial responsibility, then a grant does not meet policy.

## **REQUIRED DOCUMENTS: NEEDED TO ESTABLISH ELIGIBILITY**

Discharge papers, separation report, DD-214s and DD-215s (Must show dates of active duty and the character of service, last DD-214 is required).

State of Michigan I.D. or driver's license (Additional proof may be required upon request)

Proof of current income for all household members

Bank statements from all accounts (past 3 months)

Benefit letters, check stubs, etc.

All monthly bills

Bill identified on bank statement

OR

Current bills (all utilities, medical premiums, medical bills rent, mortgage, etc.).

Bill / invoice for which you are requesting assistance

## **ADDITIONAL DOCUMENTS THAT MAY BE REQUIRED UPON**

### **REQUEST**

Death certificate (if veteran is deceased), Marriage certificate, Birth certificates of minor children (if legal dependents) upon request.

POA/Guardian/Conservator if applicable

Proof of new employment if applicable

## **SITUATIONAL DOCUMENTS**

If requesting **auto** repairs, loan payments or insurance payments provide the following:

Proof of valid driver's license

Vehicle insurance (no 7-day policies will be accepted) and registration.

Estimates from licensed mechanics for repairs

If requesting **home** repairs, provide the following:

Two estimates from licensed contractors

Monthly mortgage statement or land contract

Proof property taxes are up to date

If requesting **dental work**, provide the following:

Two estimates for the requested work.

Statement of emergent need. (Dental work will only be considered in the case of health emergencies.)

**OTHER:**

Tax return may be required upon request.

Other supporting documents may be required depending on the circumstance.

## **FOR OFFICE USE ONLY**

I certify the above marked documents have been verified needing no further review.

Interviewers Signature: \_\_\_\_\_

**This document must be completed and sent along with all completed applications sent to the MVTF administrative office. Completed applications will consist of Page 1,2,3 of application, Veteran's Statement Page, Notice of Decision, and bills reviewed for assistance.**

DEPARTMENT OF MILITARY & VETERANS AFFAIRS  
MICHIGAN VETERANS TRUST FUND  
**APPLICATION FOR AN EMERGENCY GRANT**

1. VETERAN'S NAME (Last, First, Middle Initial)		2. DATE OF BIRTH		3. COUNTY OF RESIDENCE	
4. STREET ADDRESS		CITY	ZIP CODE	5. PHONE NUMBER	
6. SOCIAL SECURITY #		7. EMAIL ADDRESS		8. VETERAN DECEASED? DATE OF DEATH	
9. TYPE OF DISCHARGE FROM LAST DD214 or DD215		ENTRY DATE(S)		RELEASE DATE(S)	
<b>Be Sure To Include All Active Duty Service</b>			<i>REQUIRED*</i>	<i>YEARS</i>	<i>MONTHS</i>
			180 days**		
<p>* Post Korean: Must have Armed Forces, Navy or Marine Corp Expeditionary or Vietnam Service Medal Listed on DD214                  * Other Conflicts: Must have Armed Forces, Navy or Marine Corp Expeditionary Medal Listed on DD214                  **180 days not required if separated for reason of physical or mental disability incurred in the line of duty during defined dates of war time service. Must include at least one day of wartime service. (Proof from service required.) If this applies on this application check here: ►</p>					
<p><i>I have reviewed the service dates and certify this applicant meets the service requirements for the Michigan Veterans Trust Fund.</i></p>					
SIGNATURE OF INTERVIEWER				DATE	
<p><b>The remaining sections are to be filled out by the applicant (with assistance, if necessary). Answer all items/state "none" if appropriate.</b></p>					
10. NAME OF APPLICANT (If other than veteran)		11. RELATIONSHIP	12. PHONE NUMBER	13. REASON VETERAN IS NOT APPLYING	
14. ADDRESS (including Street, City, ZIP Code)			15. EMAIL ADDRESS		
<p>16. List each legal dependent of the veteran, including relationship &amp; age (spouse &amp; dependent children). <b>List all OTHER people living in the home.</b> (Policy BTP-102)</p>					
NAME	RELATIONSHIP	AGE	NAME	RELATIONSHIP	
17. MOST RECENT EMPLOYER (Veteran)		FROM TO	MOST RECENT EMPLOYER (Spouse)	FROM TO	
18. HAS VETERAN RECEIVED MVTF ASSISTANCE IN THE PAST		19. DATE	20. COUNTY		
For: Amount:					
<p>21. Purpose for seeking emergency grant. Items listed here are the only ones that will be considered by the committee.</p>					
Type of assistance requested (Mortgage, Rent, Electric, etc.)	(a)	(b)	(c)	(d)	
Amount Needed					
22. ADDITIONAL COMMENTS					
<p>23. *Any person who shall knowingly, by fraudulent representations, obtain or allow to be obtained any payment or aid provided by MVTF 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)</p>					
<p>I certify that the above information is true and factual to the best of my knowledge, and I authorize the MVTF Board of Trustees and County Committees to receive and transmit any information that may be necessary to document my request for financial assistance.</p>					
SIGNATURE OF APPLICANT				DATE	

**DEPARTMENT OF MILITARY & VETERANS AFFAIRS  
MICHIGAN VETERANS TRUST FUND  
FINANCIAL STATEMENT**

*Under the authority of Public Act 9 of 1946, (MCL 35.601-610), the following information is required to supplement Page 1 of this application.*

VETERAN'S NAME	APPLICANT'S NAME (if other than veteran)	DATE
----------------	--	------

MONTHLY INCOME		MONTHLY EXPENSES		
TYPE	AMOUNT	TYPE	AMOUNT	COMMENTS
Wages (Veteran)		Rent		
Wages (Spouse)		Mortgage		
Social Security Amount (Veteran)		Food/Grooming/Household Items		
Social Security Amount (Spouse)		Heating/Gas		
SSI Benefits		Auto Payment(s)		
VA Compensation		Electricity		
Military Retirement		Telephone/Cell Phone		
VA Pension		Garbage/Water/Sewer		
Civilian Pension		Property Taxes		
Rental Income		Insurance (House)		
Investments		Medical*/Prescriptions		
Unemployment		Car Insurance		
Cash Assistance		Child Support/Care		
Food Benefits		Gasoline		
Other 1		Cable TV		
Other 2		Credit Cards		
Other 3		Other: Lawn Care, Snow Removal, etc		
Total		Total:		

ASSETS (annotate Totals)				LIABILITIES (Balances)	
Savings / Checking		Bonds / CDs		Mortgage Balance	
Real Estate (Home Value)		Auto Year/Model		Loan(s) Balance	
IRAs		Auto Year/Model		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.

SIGNATURE OF APPLICANT	DATE
------------------------	------

*Complete & send original to Michigan Veterans Trust Fund, Building 32 3423 N. Martin Luther King Blvd Lansing, MI 48906 MVAA MVTF (05/21)*

**MVTF Grant Program - Interview QUESTIONS (Page 3 of Application)**

**Veteran/Applicant:**

**Date of Application:**

Describe the unforeseen situation that caused your need for applying? Provide the detailed timeline and reason for urgency. Additional documentation may be required upon request.

How is this a situation of short-term need?

How will you maintain your financial situation?

Applicant's signature and date

DEPARTMENT OF MILITARY & VETERANS AFFAIRS  
MICHIGAN VETERANS TRUST FUND  
INTERVIEW SUMMARY

VETERAN'S NAME	APPLICANT'S NAME (If other than Veteran)	Date
----------------	--	------

24. COMMITTEE/AGENT'S FINDINGS OF FACT (Attach additional sheets If necessary) (Any referrals to other agencies)

  
  
  
  
  
  
  
  
  
  

25. DETAILED REASON(S) FOR THE COMMITTEE'S APPROVAL, DISAPPROVAL, OR RECOMMENDED APPROVAL FOR REVIEW OF THIS APPLICATION

  
  
  
  
  
  
  
  
  
  

26. ASSISTANCE (CROSS-REFERENCE WITH ITEM 121 ON PAGE ONE) LIST ALL DECISIONS

TYPE OF ASSISTANCE	(a)	(b)	(c)	(d)	(e)
AMOUNT APPROVED					
AMOUNT DISAPPROVED					
RECOMMENDED FOR REVIEW					

IF DENIED, OR PARTIALLY DENIED, A NOTICE OF DECISION (APPELLATE RIGHTS) WAS SENT TO THE APPLICANT ON \_\_\_\_\_ (DATE).  
NOTE: Original application must be sent to the MVTF Central Office on the same day the committee makes any partial or total denial with a copy of the Notice of Decision attached.

During this fiscal year the committee has granted \$ \_\_\_\_\_ on \_\_\_\_\_ application(s) to this veteran/dependent.

This request is forwarded for review under MVTF Policy (state reason):

The signatures below certify that the committee's decision has been reached in accordance with the MVTF Board Policy BTP-301 Open Meetings Act (PA158 of 1978) and in compliance with MVTF Board Policy BTP-303.

Approved	Disapproved	Partial	Rec. For Review	Committee Members' Signatures	Date

SIGNATURE OF AUTHORIZED AGENT \_\_\_\_\_

APPLICATION WAS WITHDRAWN (Must be signed by applicant) \_\_\_\_\_ (DATE)