

DOCUMENTS THAT MUST BE VERIFIED BY INTERVIEWER

(The following documents when verified do not need to be sent in with completed apps.)

UNIVERSAL DOCUMENTS NEEDING VERIFICATION

DD214/DD215

All Household Net Income Sources

All Monthly Expenses

Divorce Decree (If Applicable)

Marriage Certificate (If Applicable)

Birth Certificate (If Applicable)

Death Certificate (If Applicable)

Proof of Employment (If Applicable)

DOCUMENTS NEEDING VERIFICATION FOR AUTOMOTIVE RELATED REQUESTS

Current Driver's License

Current Auto Insurance

Current Auto Registration

DOCUMENTS NEEDING VERIFICATION FOR HOUSING RELATED REQUESTS

Mortgage/Rent Statement

Current Homeowners Policy

Confirm Property Taxes Are Current Year To Date

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. *****

**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. IS THE VETERAN DECEASED			8. TYPE OF DISCHARGE		
9. ELIGIBILITY (Be sure to include ALL periods of active duty)	ENTRY DATE(S)		RELEASE DATE(S)			
DETERMINATION			REQUIRED*	YEARS	MONTHS	DAYS
World War II: 12/7/41 – 12/31/46			180 days			
Korean Conflict: 6/27/50 – 1/31/55			180 days			
Post Korean: 2/1/55 – 2/27/61. (Must have the Armed Forces Expeditionary Medal AFEM or Vietnam Service Metal VSM listed on DD214.)			180 days			
Vietnam Era: 2/28/61 – 5/7/75			180 days			
Persian Gulf: 8/2/90 – to be determined			180 days			
Other Conflicts: (Must have the Armed Forces Expeditionary Medal—AFEM) (WW1 requires 90 days)			180 days			
* 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: ►						
<i>I have reviewed the service dates and certify this applicant meets the service requirements for the Michigan Veterans Trust Fund.</i>						
SIGNNATURE OF INTERVIEWER					DATE	
The remaining sections are to be filled out by the applicant (with assistance, if necessary). Answer all items/state "none" if appropriate.						
10. NAME OF APPLICANT (If other than veteran)	11. RELATIONSHIP		12. PHONE NUMBER		13. SOCIAL SECURITY #	
14. ADDRESS (including Street, City, ZIP Code)			15. REASON VETERAN IS NOT APPLYING:			
16. List each legal dependent of the veteran, including relationship & age (spouse & children) (Policy BTP-102)						
NAME			RELATIONSHIP			AGE
17. MOST RECENT EMPLOYER (Veteran)		FROM TO	MOST RECENT EMPLOYER (Spouse)		FROM TO	
18. HAS VETERAN RECEIVED MVTF ASSISTANCE IN THE PAST For: Amount:			19. DATE	20. COUNTY		
21. Purpose for seeking emergency grant. Items listed here are the only ones that will be considered by the committee.						
Type of assistance requested (Mortgage, Rent, Electric, etc.)	(a)	(b)	(c)	(d)	(e)	
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
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MONTHLY INCOME		MONTHLY EXPENSES		
TYPE	AMOUNT	TYPE	AMOUNT	COMMENTS
Wages (Veteran)		Rent		
Wages (Spouse)		Mortgage		
Social Security (Veteran)		Food		
Social Security (Spouse)		Heating/Gas		
SSI Benefits		Auto Payment(s)		
VA Compensation		Electricity		
Military Retirement		Telephone		
VA Pension		Garbage/Water/Sewer		
Civilian Pension		Property Taxes		
Rental Income		Insurance (House)		
Investments		Medical*/Prescriptions		
Unemployment		Car Insurance		
ADC		Child Support/Care		
Food Stamps		Gasoline		
SDI (State)		Cable TV		
Other		Credit Cards		
		Other		
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
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Complete & send **WHITE** original to Michigan Veterans Trust Fund, PO Box 30104 Lansing, MI 48909 DMVA MVTF-1a (05/06)

**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) (List 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)	

Complete & send WHITE original to Michigan Veterans Trust Fund, PO Box 30104 Lansing, Michigan 48906 DMVAMVTF-1b (09106)

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

Veteran/Applicant:

Date of Application:

What unforeseen situation occurred that caused your need for applying? When did it occur?

Provide a detailed plan to maintain future financial responsibilities, if a grant were to be awarded