

**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)	
<i>DETERMINATION</i>		<i>REQUIRED*</i>	<i>YEARS</i>	<i>MONTHS</i>	<i>DAYS</i>	
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 <i>AFEM</i> or Vietnam Service Metal <i>VSM</i> 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 Forced Expeditionary Medal— <i>AFEM</i>) (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			19. DATE	20. COUNTY		
For:		Amount:				
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						
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)						
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.						
SIGNATURE OF APPLICANT					DATE	

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
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:		

*These items must be verified by receipts or account books.

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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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