

**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. SERVICE NUMBER/SOCIAL SECURITY #		7. IS THE VETERAN DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO		8. HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 Medal 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: <input type="checkbox"/>					
<i>I have reviewed the service dates and certify this applicant meets the service requirements for the Michigan Veterans Trust Fund.</i>					
SIGNATURE 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 <input type="checkbox"/> YES <input type="checkbox"/> NO		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					
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, Third Floor Ottawa Bldg., 611 West Ottawa, Lansing MI 48913.
DMVA MVTF-1 (01/00)

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	MONTHLY PAYMENT	ACTUAL AMOUNT PAID
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	\$	Water*	\$	
Civilian Pension	\$	Prop. Taxes* (Prorated)	\$	\$
Rental Income	\$	House Ins. (Prorated)	\$	\$
Investments	\$	Medical*/Prescriptions	\$	
Unemployment	\$	Car Ins. (Prorated)	\$	\$
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	\$	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.

SIGNATURE OF APPLICANT	DATE
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Complete & send WHITE original to Michigan Veterans Trust Fund, 3423 N. Martin Luther King Jr. Blvd., Lansing, Michigan 48906.
DMVA MVTF-1a (09/06)

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

VETERAN'S NAME	APPLICANT'S NAME (If other than veteran)	DATE
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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 #21 ON PAGE ONE) LIST ALL DECISIONS

TYPE OF ASSISTANCE	(a)	(b)	(c)	(d)	(e)
AMOUNT APPROVED					
AMOUNT DISAPPROVED					
VOUCHER NUMBER					

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	Committee Members' Signatures	Date

SIGNATURE OF AUTHORIZED AGENT _____

APPLICATION WAS WITHDRAWN (Must be signed by applicant) _____ (DATE)

Emergency Financial Assistance

Michigan Veterans Trust Fund

Clare County Veterans Services has contracted with the Michigan Veterans Trust Fund (MVTF) State Office to provide for the completion and processing of applications for emergency assistance for Clare county veterans. Upon completion, these applications are reviewed by the respective Trust Fund committees in Clare County and a decision is rendered.

To be eligible for a grant from the MVTF, a veteran or dependent must be a legal resident of Clare County at the time of the application. The veteran must have been discharged under honorable conditions, with at least 180 days of active wartime service (90 days for WWI veteran), or have been separated as the result of a physical or mental disability incurred in the line of duty (or aggravated by active duty). Service during the following periods (or an Armed Forces Expeditionary Medal, plus 180 days of honorable active duty, for service between periods in places such as Grenada, Lebanon, Berlin, Persian Gulf, Mayaguez Operation, or Desert Storm) is required.

- WWI – April 6, 1917 to November 11, 1918
(if service in Russia, then to April 1, 1920)
- WWII – December 7, 1941 to December 31, 1946
- Korea – June 27, 1950 to January 31, 1955
- Vietnam – February 28, 1961 to May 7, 1975
- Persian Gulf – August 2, 1990 to present

Veterans Relief Fund

To be eligible for emergency assistance through the Veterans Relief Fund, a veteran or dependent must be a legal resident of Clare County at the time of application. The veteran must have been discharged under honorable conditions, with at least one day of active wartime service. Service during the following periods or an Armed Forces Expeditionary Medal for service in such places as Grenada, Lebanon, Berlin, Persian Gulf, Mayaguez Operation, or Desert Storm is required:

- WWI – April 6, 1917 to November 11, 1918
(If service in Russia, then to April 1, 1920)
- WWII – December 7, 1941 to December 31, 1946
- Korea – June 27, 1950 to January 31, 1955
- Vietnam – February 28, 1961 to May 7, 1975
- Persian Gulf – August 2, 1990 to present

Funds for this program are limited.

Accredited veteran benefits counselors are available to assist veterans and their dependents with their claims for benefits.

If you are a Clare county veteran and would like further information on emergency financial assistance or other veteran benefits please call (989) 539-3273/3651



MICHIGAN VETERANS TRUST FUND

Applying for an emergency grant

If you are eligible, the Michigan Veterans Trust Fund (MVTF) can help you when an unforeseen situation has caused a temporary financial emergency or hardship that a grant, if approved, would resolve. You must be able to show that you will be able to meet future expenses after the grant.

Eligibility

- Honorable character of service
- 180 days of service during a period of war or
- 180 days of active duty with award of Armed Forces/Navy Expeditionary Medal
- Less than 180 days of wartime service with separation due to mental/physical disability incurred in the line of duty
- Dependents can apply if veteran is eligible under certain circumstances

How to Apply

- You must apply in county where you reside
- Call and make appointment and ensure you bring all required documents and information to complete the application

What to Bring to Complete your Application

- Discharge papers, separation report or DD-214 (showing the dates of active duty and the character of the release) *Note: To request a copy of your DD-214, contact the Michigan Veterans Affairs Agency at 1-800-MICH-VET.*
- Proof of residence (driver's license, voter registration, state ID)
- Bills or account statements regarding the items for which you are seeking a MVTF grant, plus copies of all monthly bills
- Proof of employment or other income
- Documentation of any disability rating
- Marriage certificate and/or birth certificates of minor children, if applicable
- Death certificate of a deceased spouse or parent, if applicable





MICHIGAN VETERANS TRUST FUND

Did you know?

- The governor appoints seven members to serve on the MVTF Board of Trustees.
- Nearly \$2.4 million in grants were awarded to 1,843 veterans in 2013.



Michigan Veterans Affairs Agency

222 N. Washington Square

P.O. Box 30104

Lansing, MI 48909

1-800-MICH-VET

MichiganVeterans.com

The Michigan Veterans Trust Fund (MVTF) was established after World War II to support wartime veterans experiencing financial hardship. Public Act 9, passed in 1946, sets aside \$50 million in a trust fund that allows the interest earned each year to meet any "emergent need" of wartime service veterans.

The emergency grant program is discretionary, but policy defines *emergent need* as "an unforeseen situation causing a temporary or short term financial emergency or hardship that a grant will resolve and the applicant can demonstrate the ability to meet his or her future expenses."

In Partnership with County Veteran Services

The MVTF partners with county veteran service offices to administer the grant program through stable, funded service agreements. To apply, veterans must contact their county veteran service office and show a valid DD-214 to confirm their eligibility.

If a county-level committee denies a grant, the applicant can appeal to the MVTF Board of Trustees. The Board of Trustees also reviews grant applications greater than \$2,000 and awards grants according to policy, if recommended by committee. Trustees average 25 to 30 cases per month for review or appeal.

Eligibility

To be eligible, Michigan veterans must be honorably discharged with a minimum of 180 days of active wartime service or have been separated as the result of physical or mental disability incurred in the line of duty. Veterans who do not meet the 180 days of active wartime service but who have been awarded the Armed Services Expeditionary Medal and have 180 days of active service are also eligible. In addition, assistance may be granted to spouses, widows and minor children.

Please see reverse for application instructions.