



Clare County Veterans Services Soldiers Relief Fund Emergency Grant Request Application

To be eligible for a grant from the Clare County Soldiers Relief Fund you must be a legal resident of Clare County, Michigan at the time of your application and discharged under honorable or general conditions with two years of service.

| | | | |
|---|--|--|---|
| First Name: | Last Name: | Social Security Number: | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> |
| Address: | City: | Zip Code: | Phone Number: |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Date of Entry | Date of Release | Is Veteran Deceased? | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Persons living in the home | Have you applied for Soldiers Relief Fund before? | | |
| # <input style="width: 100%;" type="text"/> | <input type="checkbox"/> Yes Dates: <input style="width: 100%;" type="text"/> <input type="checkbox"/> No | | |
| Explain Purpose of Emergency Need and Amount Needed <div style="border: 1px solid black; height: 50px; width: 100%; background-color: #e0e0e0;"></div> | | | |

Amount:

YOU MUST HAVE YOUR SEPERATION PAPERS SHOWING DATES OF ACTIVE DUTY AND CHARACTER OF SERVICE

Signature of Applicant _____

SOLDIERS RELIEF COMMITTEE MEMBERS DECISION

| | | | | | |
|------------|----|-----|------------|----|-----|
| NAME _____ | NO | YES | NAME _____ | NO | YES |
|------------|----|-----|------------|----|-----|

| | | | | | |
|------------|----|-----|------------|----|-----|
| NAME _____ | NO | YES | NAME _____ | NO | YES |
|------------|----|-----|------------|----|-----|

SIGNATURE OF VETERANS SERVICE OFFICER _____ DATE _____



IMPORTANT
INCOMPLETE APPLICATIONS MAY NOT BE PRESENTED TO THE COMMITTEE

THE FOLLOWING ITEMS ARE NEEDED TO COMPLETE YOUR APPLICATION

1. Proof of unforeseen emergent need such as: food, access to water, clothing, shelter and heat.
Known future problems such as property taxes and home maintenance may not qualify.
2. Proof of honorable or general discharge with two years of service.
DD-214, Report of Separation, etc. (exceptions can be made for special circumstances)
3. Proof of Clare County residency with photo ID (Driver's License or SOM ID)
4. Marriage License and Birth Certificates for dependents under 18 years old, if child is still in college they will be considered dependents until age 21. Also is child considered disabled prior to age 18.
5. Death Certificate if veteran is deceased
- 6. Printed verification of all sources of income: Pay stubs from last 30 days, SSI, SSA, Food Stamps, VA**
7. Copy of all monthly bills. Food and vehicle fuel receipts are exempt.
8. Verification of assets: Bank Statements from last 30 days, copies of retirement and investment statements , property owned other than your own home.
9. Written statement from veteran detailing the need, how the situation for need occurred and plan moving forward to ensure veteran is able to meet financial obligations.
10. Minimum of two responses from other agencies that the veteran has contacted for assistance for the expressed need. 211 has listing of agencies for Clare County

Evictions and Foreclosures

1. Completed rental account statement by landlord
2. Eviction notice
3. Foreclosure notice and deed to the home proving ownership and property taxes paid

Vehicle Repairs

1. Two estimates from licensed mechanics
2. Proof of vehicle registration
3. Proof of current insurance

Propane fills

1. Propane fills will only be considered when tank is less than 20%
2. Emergency and pressure checks are generally not covered by the SRF

Notices from Utility Companies

1. Copy of shut off notice



APPLICATION FOR SOLDIERS RELIEF FUND

| | | | |
|-----------------------|-----------------|------------------------|------------------------------|
| | | Date: | |
| 1. Veteran's Name: | | 2. Date of Birth | |
| | | 3. County of Residence | |
| 4. Street Address | | 5. City | 6. Zip |
| | | 7. Phone Number | |
| 8. Entry Date | 9. Release Date | | 10. Type of Discharge |
| 11. Social Security # | - | - | 12. Is the veteran deceased? |

I have reviewed the service dates and certify this applicant meets the service requirements for the Soldiers Relief Fund

| | | | |
|------------------------------|--|------------------------------------|------------------|
| Signature of the Interviewer | | | |
| 13. Name of applicant | | 14. Relationship | 15. Phone Number |
| | | 16. Social Security # | |
| 17. Home address | | 18. Reason veteran is not applying | |

19. List each legal dependent of the veteran, including relationship and age (spouse & children)

| | Name | Relationship | Age |
|---|------|--------------|-----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

20. Current Employment Information

| Employer | Dates | Reason for unemployment |
|-----------|-------|-------------------------|
| Veteran | | |
| Spouse | | |
| Dependent | | |
| Dependent | | |

21. Purpose for seeking Soldiers Relief Funds: Example: Rent, vehicle repairs, food assistance

| |
|--|
| Please explain need and amount you are requesting |
| Any person who shall knowingly, by fraudulent representations, obtain or allow to be obtained any payment or aid provided by SRF 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 \$5,000.00 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) |

Signature of Applicant

Date

I certify that the above information is true and factual to the best of my knowledge and I authorize the SRF Committee to receive and transmit any information that may be necessary to document my request for financial assistance.



| | | |
|----------------|------------------|------|
| Veteran's Name | Applicant's Name | Date |
|----------------|------------------|------|

| Monthly Income | | | Monthly Expenses | | | |
|-------------------------|--------|--|-----------------------|--------|--|---------|
| TYPE | AMOUNT | | TYPE | AMOUNT | | COMMENT |
| Wages (Veteran) | \$ | | Rent | \$ | | |
| Wages(Spouse) | \$ | | Mortgage | \$ | | |
| Veteran Social Security | \$ | | Food | \$ | | |
| Spouse Social Security | \$ | | Home Heating | \$ | | |
| SSI Benefits | \$ | | Vehicle payment | \$ | | |
| VA Compensation | \$ | | Electricity | \$ | | |
| Military Retirement | \$ | | Telephone | \$ | | |
| VA Pension | \$ | | Water/ Garbage/Sewer | \$ | | |
| Civilian Pension | \$ | | Property taxes | \$ | | |
| Rental Income | \$ | | House Insurance | \$ | | |
| Investments | \$ | | Vehicle Insurance | \$ | | |
| ADC | \$ | | Medical/Prescriptions | \$ | | |
| Food Stamps | \$ | | Child care/support | \$ | | |
| SDI (State) | \$ | | Gasoline | \$ | | |
| Other | \$ | | Cable TV/Internet | \$ | | |
| | | | Credit Card | \$ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | \$ | | Total | \$ | | |

ASSETS (annotate totals)

LIABILITIES

| | | | | | | | |
|-------------------|----|-----------|----|---------------|----------------------|----|--|
| Saving/Checking | \$ | Bonds/CDs | \$ | | Mortgage balance | \$ | |
| Real Estate | \$ | Auto/Yr. | \$ | | Loan balance | \$ | |
| IRAs | \$ | Auto/Yr. | \$ | | Credit card balance | \$ | |
| Other-real estate | \$ | Other | \$ | | Medical bill balance | \$ | |
| Totals | \$ | | \$ | Totals | | \$ | |

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 representation of my financial status.

Signature

Date



Veteran's Name

Applicant's Name

Date

22. Interviewer's remarks

23. Other agencies contacted and decisions made

24. Committee's reason for approval , disapproval and amount approved or denied

Application withdrawn (must be signed by the applicant) Date