

**VETERANS ENDOWMENT FUND
WEXFORD & MISSAUKEE COUNTIES
APPLICATION FOR AN EMERGENCY GRANT
INSTRUCTIONS FOR PROPER COMPLETION OF GRANT FORM**

GENERAL

- A) Please print all entries (ink or pencil)
- B) Complete all blocks
- C) Enter not applicable (n/a) for those blocks which do not pertain to the veteran/applicant
- D) All signatures and date blocks are required to be completed (wherever indicated on application)

PAGE 1 (VETERAN IDENTIFICATION, ELIGIBILITY AND PURPOSE OF REQUEST)

- 1A) Dates of eligibility must be verified by DD-214 or other official Dept. of Defense (DD)/National Guard document.
Attach DD- 214 or other official eligibility document to application.
- 1B) Dates of eligibility for Canadian or other allied soldiers (whose countries assisted in the liberation of Western Europe during WWII) must be verified with official discharge documents from Canada or parent country of veteran applicant (attach copy to application).
- 1C) Dependents of veterans/active military must show proof of dependency/legal connection (marriage license/birth certificate/drivers license).
- 1D) Block 21 data must specifically identify type of assistance requested and the amount needed to resolve the emergency. This amount should be a written statement from the landlord, electric, gas, or propane co, etc.

PAGE 2 (FINANCIAL STATEMENT)

- 2A) **Income/s:** will be verified with hard copy income source (payroll slip, unemployment stub, etc)
- 2B) **Expenses:** will be verified with hard copy (as best possible). This may alert the interviewer to the need for budget formation assistance for the veteran/dependent.
- 2C) **Assets:** will be completed (no need to verify) honesty of veteran/dependent will be accepted
- 2D) **Liabilities:** will be completed (no need to verify) honesty of veteran/dependent will be accepted

PAGE 3 (INTERVIEW SUMMARY)

- 3A) Interviewer (service officer) will record facts as presented by veteran/dependent with any additional written space for blocks 24 & 25 attached to the application
- 3B) Blocks 25, 26 & 27 and bottom portion of page 3 will be completed by the Veteran Fund Advisory Committee

**VETERANS ENDOWMENT FUND
WEXFORD & MISSAUKEE COUNTIES**
(CACF – 201 N. Mitchell St., Cadillac, Mi 49601 231-775-9911)

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)		
<i>DETERMINATION</i>				YEARS	MONTHS	DAYS
World War II: 12/7/41 – 12/31/46						
Korean Conflict: 6/27/50 – 1/31/55						
Post Korean: 2/1/55 – 2/27/61. (Must have the Armed Forces Expeditionary Medal AFEM or Vietnam Service Metal VSM listed on DD214.)						
Vietnam Era: 2/28/61 – 5/7/75						
Persian Gulf: 8/2/90 – to be determined						
Other Conflicts: (Must have the Armed Forced Expeditionary Medal—AFEM)						
<i>I have reviewed the service dates and certify this applicant meets the service requirements for the Veterans Endowment Fund in Wexford & Missaukee Counties..</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 MCVEF ASSISTANCE IN THE PAST <input type="checkbox"/> YES <input type="checkbox"/> NO			19. Date			
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 VEFWMC 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 VEFWMC 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	

VETERANS ENDOWMENT FUND
WEXFORD & MISSAUKEE COUNTIES
(CACF – 201 N. Mitchell St., Cadillac, Mi 49601 231-775-9911)

FINANCIAL STATEMENT

VETERAN'S NAME	APPLICANT'S NAME (if other than veteran)	DATE
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MONTHLY INCOME		MONTHLY EXPENSES		
TYPE	AMOUNT	TYPE	ACTUAL AMT. PAID	ANNUAL PAYMENTS
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		
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		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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INTERVIEW SUMMARY (TO BE FILLED OUT BY SERVICE OFFICER)

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			
24. COMMITTEE/AGENT'S FINDINGS OF FACT <i>(Attach additional sheets if necessary)</i>					
25. DETAILED REASON(S) FOR THE COMMITTEE'S APPROVAL, DISAPPROVAL, OR RECOMMENDED APPROVAL FOR REVIEW OF THIS APPLICATION					
26. APPLICANT REFERRED TO (Agency)		(Date)			
27. 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					
During this fiscal year the committee has granted on application(s) to this veteran/dependent.					
The signatures below certify that the committee's decision has been reached in accordance with the Open Meetings Act (PA 158 of 1978)					
Approved	Disapproved	Partial	Committee Members' Signatures		Date
SIGNATURE OF AUTHORIZED AGENT					
APPLICATION WAS WITHDRAWN			(DATE)		