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 ☐ YES ☐ NO		8. HONORABLE DISCHARGE ☐ ES ☐ NO
9. ELIGIBILITY (Be sure to include ALL periods of active duty)	ENTRY DATE(S)		RELEASE DATE(S)

DETERMINATION		*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 have reviewed the service dates and certify this applicant meets the service requirements for the Veterans Endowment Fund in Wexford & Missaukee Counties..

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 MCVEF ASSISTANCE IN THE PAST ☐ YES ☐ 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**

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FINANCIAL STATEMENT

VETERAN'S NAME	APPLICANT'S NAME (if other than veteran)	DATE

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 (*Attach additional sheets if necessary)*

25. DETAILED REASON(S) FOR THE COMMITTEE'S APPROVAL, DISAPPROVAL, OR RECOMMENDED APPROVAL FOR REVIEW OFTHIS 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)