

Documents Required to Apply for SCC Veterans Affairs Veteran Relief/Hardship Fund

For Applicant Use

- Provide an email address for alternate form of contact see box 7 and 15
- Discharge papers, separation report, DD-214s and DD-215s (Must show dates of active duty and the character of service, last DD-214 is required).
- Proof of Michigan residency (provide at least 1 of the following: Driver's license, voter registration, State of Michigan I.D., lease agreement, etc.).
- Marriage certificate; birth certificates of minor children (if legal dependents).
- Death and marriage certificate if veteran is deceased.
- All monthly bills (all utilities, medical premiums, medical bills, rent, mortgage and etc.). See application. Send in all that apply.
- Proof of current income coming into the home (check stubs, bank account statement showing direct deposit, Social Security documents, VA compensation, etc.). See application. Send in all that apply.
- If requesting auto repairs, payments or insurance payments provide the following: Proof of valid driver's license, vehicle insurance and registration. Auto repairs must include two estimates from licensed mechanics.
- If requesting home repairs you must include at least two estimates from licensed contractors. If you have a mortgage or land contract on the home you must provide a copy of your most recent mortgage/land contract statement.
- If requesting dental work you must provide two estimates for the requested work. Dental work will only be considered in the case of health emergencies and a physician's statement should be provided to show this.

Required Documents Checklist

DOCUMENTS THAT MUST BE VERIFIED BY INTERVIEWER

(The following documents when verified do not need to be sent in with completed apps.)

UNIVERSAL DOCUMENTS NEEDING VERIFICATION

- DD214s/DD215s
- All household income
- All household expenses
- Divorce Decree if applicable
- Marriage/Birth Certificate(s) if applicable
- Death Certificate if applicable
- POA/Guardian/Conservator if applicable
- Proof of new employment if applicable

DOCUMENTS NEEDING VERIFICATION FOR AUTOMOTIVE RELATED REQUESTS

- Current Driver's License
- Current auto insurance
- Current auto registration

DOCUMENTS NEEDING VERIFICATION FOR HOUSING RELATED REQUESTS

- Mortgage/land contract statement/agreement
- Two estimates if possible from licensed contractors
- Confirm Property Taxes Are Current Year To Date

I certify the above marked documents have been verified needing no further review.

Interviewers Signature: _____

St. Clair County Department of Veterans Affairs
APPLICATION FOR AN EMERGENCY RELIEF/HARDSHIP

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. EMAIL ADDRESS		8..VETERAN DECEASED? DATE OF DEATH	
9. TYPE OF DISCHARGE		ENTRY DATE(S)		RELEASE DATE(S)	
Be Sure To Include All Active Duty Servies			<i>REQUIRED*</i>	<i>YEARS</i>	<i>MONTHS</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*		
<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.					
NAME OF APPLICANT (If other than veteran)		RELATIONSHIP	PHONE NUMBER	REASON VETERAN IS NOT APPLYING	
ADDRESS (including Street, City, ZIP Code)			10. EMAIL ADDRESS		
List each legal dependent of the veteran, including relationship & age (spouse & children) (Policy BTP-102)					
NAME		RELATIONSHIP		AGE	
MOST RECENT EMPLOYER (Veteran)		FROM TO	MOST RECENT EMPLOYER (Spouse)		FROM TO
HAS VETERAN RECEIVED MVTF ASSISTANCE IN THE PAST		DATE	COUNTY		
For: Amount:					
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					
ADDITIONAL COMMENTS					
I certify that the above information is true and factual to the best of my knowledge, and I authorize the St. Clair County Department of Veterans Affairs to receive and transmit any information that may be necessary to document my request for financial assistance.					
SIGNATURE OF APPLICANT				DATE	

St. Clair County Department of Veterans Affairs
INCOME, EXPENSES and ASSETS 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:		

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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St. Clair County Emergency Relief/Hardship Request -Interview QUESTIONS

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

Applicant's signature and date

