

**MICHIGAN VETERANS TRUST FUND**

**PO BOX 30104**

**LANSING, MI 48909**

If you wish to email the application and all  
requested documents, send to  
**MVAA-MVTF@Michigan.gov**

**MAIN LINE PHONE: 517-284-5299**

**FAX: 517-284-5297**

# DOCUMENTS NEEDED TO APPLY FOR MVTF

For Applicant Use

- \*\*\*Provide an email address for alternate form of contact\*\*\*
- 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.).
- Signed/Dated Authorization to Release Information to third party organizations.
- 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 physicians 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

Current Homeowners Policy

Confirm Property Taxes Are Current Year To Date

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

Interviewers Signature: \_\_\_\_\_

**\*\*\* This document must be completed and sent along with all completed applications sent to the MVTF administrative office. Completed applications will consist of Page 1,2,3 of application, Veteran's Statement Page, Notice of Decision and bills reviewed for assistance\*\*\***



**ANTRIM COUNTY**  
**DEPARTMENT OF VETERANS AFFAIRS**  
P.O. Box 1049, Bellaire, MI 49615  
(231) 533-8499 Fax (231) 533-8317

**AUTHORIZATION TO DISCLOSE INFORMATION**

I \_\_\_\_\_, Voluntarily authorize the Antrim County Department of Veterans Affairs to disclose my DD-214, character of discharge and emergency grant application to third party organizations. The organizations may include, but are not limited to, Disabled American Veterans (DAV), American Legion (AL), AMVETS, Antrim County Commission on Aging (COA) and Veterans in Crisis.

I understand and agree that the described above will be used and disclosed for the purpose(s) of securing emergency funding.

I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**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. SOCIAL SECURITY #		7. IS THE VETERAN DECEASED		DATE OF DEATH	8. TYPE OF DISCHARGE	
9. ELIGIBILITY (Be sure to include ALL periods of active duty)		ENTRY DATE(S)		RELEASE DATE(S)		
<i>DETERMINATION</i>		<i>REQUIRED*</i>	<i>YEARS</i>	<i>MONTHS</i>	<i>DAYS</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				
* 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: ►						
<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	
<b>The remaining sections are to be filled out by the applicant (with assistance, if necessary). Answer all items/state "none" if appropriate.</b>						
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			19. DATE	20. COUNTY		
For:		Amount:				
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	

**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	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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**MVTF Grant Program - Interview QUESTIONS (Page 3 of Application)**

**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:

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) (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 121 ON PAGE ONE) LIST ALL DECISIONS

TYPE OF ASSISTANCE	(a)	(b)	(c)	(d)	(e)
AMOUNT APPROVED					
AMOUNT DISAPPROVED					
RECOMMENDED FOR REVIEW					

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	Rec. For Review	Committee Members' Signatures	Date

SIGNATURE OF AUTHORIZED AGENT \_\_\_\_\_

APPLICATION WAS WITHDRAWN (Must be signed by applicant) \_\_\_\_\_ (DATE)