

# BARRY COUNTY SOLDIERS SAILORS RELIEF FUND APPLICATION FOR AN EMERGENCY GRANT

**To be filled out by Interviewer**

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 <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)	
<b>DETERMINATION:</b>			<b>REQUIRED *</b>	<b>YEARS</b>	<b>MONTHS</b>
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 AFEM or Vietnam Service Medal VSM 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: (WWI requires 90 days) (Must have Armed Forces Expeditionary Medal - AFEM) <input type="checkbox"/> YES <input type="checkbox"/> NO			180 Days		
* 180 days not required if seperated 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 war time service. (Proof from service required) If this applies on this application, check here: -> <input type="checkbox"/>					
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)				15. REASON VETERAN IS NOT APPLYING			
16. List each legal dependent/or person(s) residing in veteran's household. (Policy BTP-102)							
NAME		LEGAL RELATIONSHIP (if any)			AGE (Of children)		
17. MOST RECENT EMPLOYER (Veteran)		FROM TO	MOST RECENT EMPLOYER (Spouse)		FROM TO		
18. HAS VETERAN RECEIVED MVTF ASSISTANCE IN THE PAST <input type="checkbox"/> YES <input type="checkbox"/> NO				19. DATE		20. COUNTY	
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 allowed 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 at 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
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# BARRY COUNTY SOLDIERS SAILORS RELIEF 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	MONTHLY PAYMENT	ACTUAL AMOUNT PAID
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	\$	Water*	\$	\$
Civilian Pension	\$	Property Taxes* (Prorated)	\$	\$
Rental Income	\$	House Insurance (Prorated)	\$	\$
Investments	\$	Medical*/Prescriptions	\$	\$
Unemployment	\$	Car Insurance (Prorated)	\$	\$
ADC	\$	Child Support/Care	\$	\$
Food Stamps	\$	Gasoline	\$	\$
SDI (State)	\$	Cable TV	\$	\$
Other	\$	Credit Cards	\$	\$
	\$	Other: _____	\$	\$
<b>Total</b>	\$	<b>Total:</b>	\$	\$

\* 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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