



Shiawassee County Department of Veterans Affairs and Services
Veterans Relief Fund
201 N Shiawassee St. 3rd Floor
Corunna, MI 48817
(989)743-2231

“Emergent need” is defined to be any emergency in the life of honorably discharged veterans and/or their legal dependents, who meet the prescribed eligibility requirements, which necessitates immediate temporary assistance for unforeseen emergencies. The Shiawassee County Department of Veterans Affairs Veterans Relief Fund was not designed to take the place of existing programs, but to supplement these programs on a temporary not long-term basis.

“Emergent need” is further defined to mean an unforeseen circumstance causing a temporary financial emergency or hardship that a grant will resolve. The key factor in determining whether or not a grant is approved is the ability of the applicant to resume his/her financial responsibility (within a sensible amount of time), then a grant does not meet policy (reasonable doubt is applied in favor of the applicant).

A VRF applicant will be advised on the VRF eligibility requirements and a supplied a list of required information/documentation. The SCDVA will provide as much assistance/guidance as possible to the applicant in need, whether their circumstances meet the requirement of the VRF or if he/she can be better served by another source or program.

Documented proof of an unforeseen emergency (proof of problem and need) is required before a VRF application will be considered for assistance. The VRF applicant must provide documentation and needed information to verify eligibility, delinquent bills seeking relief and/or unforeseen emergency requested items and a statement of explanation on reasons why the grant is sought along with explaining how he/she will be able to maintain future financial obligations. The applicant will also need to provide documents of an emergency (house fire, sick-leave from work, awaiting approved foreclosure notice, rent eviction notice, repossession threat notice, etc...) and verification of attempts he/she has made to resolve the problem before seeking VRF assistance. Failure by the applicant to fully complete the applications, and/or provide the required documentation or verification may result in a denial of the applicant VRF claim.

Applicants Signature _____ Date _____

The veteran must have been honorably discharged, retired, or on active duty status under honorable conditions for at least 90 days or separated from military service prior to completion of 90 days of active duty service as a result of a physical or mental disability incurred in the line of duty or aggravation of a preexisting disability while on active duty.

National Guard and Reserve members are not eligible or VRF assistance unless they have a DD Form 214 showing federal activation.

The following items are required when seeking financial assistance:

DD214, Report of Separation papers

Proof of Residence (copy of driver's license)

Proof of dependents (marriage license, birth certificates)

Death certificate of veteran (if deceased)

Current Bank Account Statements

Proof of **ALL** household Incomes (Wages, SS, SSI, VA, unemployment, child support, etc...)

ALL household monthly bills (must be in veterans and/or dependents names)

All bills must be the actual billing statement

When requesting assistance on the following items please provide the following:

Vehicle Repair

Proof of registration

Proof of auto insurance

2 quotes from licensed mechanic

Home Repair

Current property tax statement in owner's name

2 quotes from licensed contractor (contractor license must appear on quote)

Rent

Lease agreement

Rental form filled out and signed by landlord/property management

SHIAWASSEE COUNTY DEPARTMENT OF VETERANS AFFAIRS AND SERVICES
VETERANS' RELIEF FUND

FINANCIAL STATEMENT

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

MONTHLY INCOME		MONTHLY EXPENSES	
TYPE	AMOUNT	TYPE	Monthly Payment
WAGES (VETERAN)		RENT*	
WAGES (SPOUSE)		MORTGAGE*	
SOCIAL SECURITY (VET)		FOOD	
SOCIAL SECURITY (SP)		HEATING/GAS*	
SSI BENEFITS		AUTO PAYMENT(S)*	
VA COMPENSATION		ELECTRICITY*	
MILITARY RETIREMENT		TELEPHONE*	
VA PENSION		WATER/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	

Please verify household income with pay stubs and/or benefits statements

***Proof of current bank statement (s) for all living in household is required**

***These monthly expenses must be verified by monthly invoice/statements.**

ASSETS (Annotate Totals)					LIABILITIES (Balances)	
Savings/Checking*		Auto	Value	Lien	Mortgage Balance	
IRA's/Bonds/CD's*		Auto	Value	Lien	Loan(s) Balance	
Home Value		Other			Credit Cards	
Other-Real Estate		Other			Medical Bills	

TO BE COMPLETED BY THE VETERANS' RELIEF FUND APPLICANT

(03) Is your emergency situation temporary/short term? (Yes) or (No) Explain why:

(04) If you are unable to manage your financial obligation at this time, how do you plan to cover this expense/responsibility in the future (what's your plan to resolve the problem)?

(05) Explain what you have done to resolve the emergency before seeking assistance from the Veterans' Relief Fund (payment plan, assistance from other agencies, etc...). Please provide documented proof that you have made an effort to meet your obligation:

Signature of Applicant

Date