

Michigan Veterans Trust Fund

Contact Shiawassee County Veterans Affairs and Services
201 N. Shiawassee Street
Surbeck Building 3rd Floor
Corunna, MI 48817
(989)743-2231

Who Is Eligible?

- Veteran discharged under honorable conditions
- Legal dependent of person who died while on active duty
- Legal dependent of a person who is on active duty for purposes other than training
- Legal dependents, or the unmarried widow(er) of a veteran

REQUIREMENTS:

- Resident of Michigan and Shiawassee County
- Discharged under honorable conditions
- 180 days of active wartime service
 - WWI April 6, 1917-November 11, 1918
 - WWII December 7, 1941-December 31, 1946
 - KOREA June 27, 1950-January 31, 1955
 - VIETNAM February 28, 1961-May 7, 1975
 - PERSIAN GULF August 2, 1990-Present
- 180 days honorable active duty with the Armed Forces Expeditionary Medal

Emergent need is further defined to mean an unforeseen circumstance causing 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 manage the obligation for which aid is requested after a grant is made. If there is no reasonable expectation that the MVTF grant would enable the applicant to resume his/her financial responsibility, then a grant does not meet policy.

Be prepared to answer these questions when applying for assistance:

- What unforeseen situation occurred?
- What financial emergency/hardship was caused?
- What makes this situation temporary?
- How does this grant resolve the situation?
- How can vet pay in the future?

The following DOCUMENTS are REQUIRED for trust fund application:

- DD-214, discharge papers, or separation report
- Valid, up-to-date driver's license OR valid state ID with current address
- Marriage Certificate, if applicable
- Birth Certificate of minor children, if applicable
- Death Certificate of Veteran, if applicable
- Bills or rent account statement or mortgage account statement regarding the items which you are seeking Michigan Veterans Trust Fund assistance
- Assistance with home repairs require two estimates, along with monthly mortgage statement
- Assistance with property taxes require property tax bill, along with monthly mortgage statement
- Proof of employment, if applicable, (veteran and/or spouse-most current pay stubs), documentation of any disability rating from VA or Social Security

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
MICHIGAN VETERANS TRUST 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 | |

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?

What were the costs associated with this situation:

Were payment arrangements attempted and if so what was the result?

Is this situation temporary or short term? Please explain why?

If your request is for housing improvements, car repairs, etc., what date was the home/car purchased?
When was it repaired?

How will the applicant be able to pay ongoing financial obligations in the future?