

# SOUTHWEST MICHIGAN VETERAN RELIEF FUND APPLICATION FORM

<b>VETERAN'S NAME</b>	<b>DATE</b>
<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
<b>NAME OF CASE MANAGER</b>	<b>DRIVERS LICENSE NUMBER</b>
<b>TYPE OF DISCHARGE</b>	<b>SERVICE / ENTRANCE DATE / DISCHARGE DATE</b>
<b>WHAT OTHER AGENCIES HAVE YOU BEEN TO</b>	<b>HAVE YOU BEEN TO THE SWMVRF BEFORE</b>
<b>WHAT IS THE NATURE OF YOUR EMERGENCY NEED?</b>	
<b>ARE YOU WORKING AND IF SO, WHERE AND HOW LONG HAVE YOU BEEN EMPLOYED</b>	
<b>DO YOU HAVE ANY LEGAL DEPENDENTS?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <b>IF "YES", THEN STATE NAME, AGE AND RELATIONSHIP</b>	
<b>INCOME OF ANY LEGAL DEPENDENTS OR OTHER HOUSEHOLD OCCUPANTS INCLUDING SOURCE AND AMOUNT</b>	
<b>WAS GRANT GIVEN</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <b>WHO WAS THE PAYEE</b> <b>HOW WAS GRANT PAID</b> <b>HOW MUCH WAS THE GRANT</b>	
<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
<b>I HAVE REVIEWED THE RELEVANT INFORMATION AND HEREBY CERTIFY THAT THIS APPLICANT MEETS THE REQUIREMENTS OF THE SOUTHWEST MICHIGAN VETERAN RELIEF FUND</b>	
<b>SIGNATURE OF INTERVIEWER</b>	<b>DATE</b>

**SOUTHWEST MICHIGAN VETERAN RELIEF FUND**  
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<u>Veterans Name</u>	<u>Date</u>
<u>Applicants Name (if other than Veteran)</u>	<u>Relationship</u>

Monthly Income		Monthly Expenses		
TYPE	AMOUNT	TYPE	MONTHLY AVG	ACTUAL AMOUNT PAID
Wages (Veteran)	\$	Rent*	\$	\$
Wages (Spouse)	\$	Mortgage*	\$	\$
Social Security	\$	Food	\$	\$
SSI Benefits	\$	Heating*	\$	\$
VA Compensation	\$	Auto Payment*	\$	\$
Military Retirement	\$	Electricity*	\$	\$
Pension	\$	Telephone*	\$	\$
Rental Income	\$	Water*	\$	\$
Investments	\$	Property Tax*	\$	\$
Unemployment	\$	Insurance*	\$	\$
ADC	\$	Medical*	\$	\$
Food Stamps	\$	Prescriptions	\$	\$
SDI	\$	Child Support	\$	\$
Other	\$	Gasoline	\$	\$
	\$	Cable TV	\$	\$
	\$	Child Care Expense	\$	\$
	\$	Other	\$	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>

\*These Items Be Verified by Receipts or Account Books

ASSETS				LIABILITIES	
Savings	\$	Bonds	\$	Mortgage Balance	\$
Real Estate	\$	CDs	\$	Loan(s) Balance	\$
IRAs	\$	Auto	\$	Tax Judgment	\$
Other	\$	Other	\$	Other	\$

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 and honest presentation of my financial status. I Authorize the SWMVRF to receive and transmit any information that may be necessary to process my request

Signature of Applicant	Date

# SOUTHWEST MICHIGAN VETERAN RELIEF FUND

## RENT ACCOUNT STATEMENT

Applicant Name

This form is not to be considered an authorized payment as the application must first be approved by our committee. The Southwest Michigan Veteran Relief Fund aids only the veteran and/or his/her dependents in emergent situations and not continuous needs

Address of rental property

Type of Rental Unit (Mark One)

Home  
  Apartment  
  Duplex  
  Room  
  Trailer  
  Other

How Long Has The Veteran Rented From You?

Number of Times Late With Rent In The Past Year

Amount of Monthly Payment

Amount of Weekly Payment

\$

\$

Dates Covered by Delinquent Rent

Amount of Rent Past Due

\$

Additional Late Charges/Fees

Total Amount Due

\$

\$

Has Eviction Been Instituted?

Is the Veteran or His/Her Family Related to the Landlord?

Yes  
  No

Yes  
  No

The Property Meets Local Building and Zoning Ordinances And  Has  Has Not Been

Registered  
  Inspected  
  Certified By the Appropriate Local Office

Name of Landlord

Date

Address of Landlord

City

State

Zip Code

Telephone Number

I Certify that the above information is true and factual to the best of my knowledge and I authorize the Southwest Michigan Veteran Relief Fund Committee to receive and transmit any information that may be necessary to document my request

Signature of Landlord

Date

Signature of Applicant

Date