



Shiawassee County
VETERAN AFFAIRS
1042 N. Shiawassee St.
Corunna, MI 48817
P: 989-743-2231 F: 989-720-4909
www.shiawassee.net/Veterans-Affairs

Emergency Assistance Relief Fund Policy Manual & Checklist

Dear Sir/Madam,

Shiawassee County Veteran Affairs would like you to know that we appreciate your service to the United States of America, allowing all of us to enjoy our freedoms as Americans. This fund is made available to Veterans and their Surviving Spouses with 90 days of Active Duty Service and at least one day of service in the following periods of conflict

WWII	Dec. 02, 1941	to	Dec. 31, 1946
Korea	Jun. 27, 1950	to	Jan. 31, 1955
Vietnam	Aug 5, 1964	to	May 07, 1975
	Feb 28, 1961	to	May 7, 1975 (for a Veteran who served in the Republic of Vietnam during that period.)
Persian Gulf	Aug. 02, 1990	to	Sept. 10, 2001
OIF	Mar 20, 2003	to	Dec 7, 2011
OEF	Oct 7, 2001	to	Dec 31, 2014
Afghanistan	Oct 7, 2001	to	Aug 30, 2021

To better serve you, we have simplified our policy manual for emergency relief. We will compile all the documentation needed to apply for assistance once you have submitted your information to us. After applying, we ask you to allow our office up to 72 hours to determine our request. Applications exceeding \$1,000.00 must go to the Shiawassee County Veteran Affairs Committee for consideration. These applications must be submitted at least five (5) business days before the meeting date for that month. If your application is required to be brought to the committee for determination, we encourage you to attend in person. The Shiawassee County Veteran Affairs Committee meets each month on the third Wednesday at 3:00 pm. The meeting location is 1042 N Shiawassee St, Corunna, MI 48817 in the conference room.

After you gather the items on the checklist, which apply to your situation, contact the Shiawassee County Veteran Affairs office at (989) 743-2231 to schedule your appointment. Please note that your appointment may take up to one hour to complete the application.

Sincerely,

Shiawassee County Veteran Affairs

Emergency Assistance Checklist

Veteran Information

- _____ Discharge Papers / DD-214 original or certified (F/G)
- _____ Driver's License or Michigan ID (F/G)
- _____ Proof of all bills paid for the last 30 day(s) period (F/G)
- _____ Mortgage Statement or lease agreement (F/G)
- _____ Bank Statement List of Transactions covering the last 60 days
- _____ Proof of Monthly Income (Entire House Hold) (F/G)
- _____ Copy of most recent tax returns
- _____ Vehicle Repair (Title, Proof of Registration, Insurance and 2 quotes)
- _____ Home Repair (Current Property Tax Statement, 2 quotes from licensed contractor)
- _____ State Assistance (i.e. food or cash assistance being received) (F/G)
- _____ Copy of rated decision if receiving disability form V. A.

Dependent(s) Information:

- Spouse:**
- _____ Marriage Certificate (F/G)
 - _____ Proof of Income (F/G)
 - _____ Driver's License (F/G)
 - _____ Death Certificate of Veteran (if deceased) (F/G)

- Children residing in home:**
- _____ Birth Certificate(s) (F/G)
 - _____ Income (if any) (F/G)

Examples of acceptable requests for aid:

- | | |
|----------------|----------------------------|
| Food | Rental/Mortgage Assistance |
| Vehicle Repair | Utilities |
| Home repair | Gas Card |

APPLICATION FOR 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. SERVICE NUMBER/SOCIAL SECURITY #	7. IS THE VETERAN DECEASED YES <input type="checkbox"/> NO <input type="checkbox"/>			8. HONORABLE DISCHARGE YES <input type="checkbox"/> NO <input type="checkbox"/>	
9. ELIGIBILITY (Be sure to include ALL periods of active duty)	ENTRY DATE(S)		RELEASE DATE(S)		
DETERMINATION			YEARS	MONTHS	DAYS
Length of active duty					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
10. NAME OF APPLICANT (If other than veteran)		11. RELATIONSHIP	12. PHONE NUMBER () -	13. SOCIAL SECURITY #	
14. ADDRESS (including Street, City, ZIP Code)					
16. List each legal dependent of the veteran, including relationship & age (spouse & children) and any others living in the household					
NAME		RELATIONSHIP		AGE	
17. MOST RECENT EMPLOYER (Veteran)		FROM TO	MOST RECENT EMPLOYER (Spouse)	FROM TO	
18. HAS VETERAN RECEIVED VRF ASSISTANCE BEFORE YES <input type="checkbox"/> NO <input type="checkbox"/>			19. DATE	20. PURPOSE	
21. Purpose for seeking emergency grant. Items listed here are the only ones that will be considered by the VRF Committee/Agent.					
TYPE OF ASSISTANCE NEEDED	(a)	(b)	(c)	(d)	(e)
AMOUNT NEEDED					
22. ADDITIONAL COMMENT					

FINANCIAL STATEMENT

CASE #	FUND
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MONTHLY INCOME		MONTHLY EXPENSES	
TYPE	AMOUNT	TYPE	ACTUAL AMT PAID
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)		PHONE/INTERNET/CABLE TV*	
OTHER		CREDIT CARDS	
		OTHER	
TOTAL		TOTAL	

Copy of current bank statement(s) for all living in the household is required. These items must be verified by bill/statement

ASSETS (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	

INTERVIEW SUMMARY

Under the authority of Public Act 214 of 1899, (MCL 35.21 et seq), the following information is required to supplement Page 1 and 2 of this application.

CASE #	FUND
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24. COMMITTEE/AGENT'S INVESTIGATION (Attach additional sheets if necessary) See attached page

25. DETAILED REASON(S) FOR THE COMMITTEE'S/AGENT'S APPROVAL, DISAPPROVAL, OR RECOMMENDED APPROVAL FOR REVIEW OF THIS APPLICATION

26. APPLICANT REFERRED TO (Agency) _____ (Date) _____

TYPE OF ASSISTANCE	(a)	(b)	(c)	(d)	(e)
AMOUNT REQUESTING					
AMOUNT DISAPPROVED					
AMOUNT APPROVED					
VOUCHER ORDER #					

IF DENIED, OR PARTIALLY DENIED, A NOTICE OF DECISION WAS SENT TO APPLICANT ON _____ (DATE)

The signatures below certify that the Committee's and/or Agent's decision has been reached in accordance with the VRF Policies and Procedures

Approved	Disapproved	Partial	Deferred	Committee Member's/ Agent's Signatures	Date

SIGNATURE OF INTERVIEWER _____ Date _____

APPLICATION WAS WITHDRAWN REASON _____ (DATE) _____