



Cheboygan County Department of Veteran Services 231-627-8833

APPLICATION FOR FINANCIAL ASSISTANCE

The Cheboygan County Department of Veterans Services provides temporary financial assistance for **emergent needs*** to eligible veterans and their families **residing in Cheboygan County**, to include shelter, food, utilities, automobile repair, and other circumstances.

* **EMERGENT NEED** is when an eligible applicant is unable to temporarily provide the basic necessities without causing a financial hardship. Emergent need is not for the relief of an inconvenience nor want or desire. The key factor in determining whether or not a grant is justified is the ability of the applicant to manage the obligation for which aid is requested after a grant. If there is no reasonable expectation that the assistance would enable to applicant to resume his/her responsibility, then aid is not appropriate. If an applicant's financial situation creates repetitive emergencies or appears chronic in nature, the applicant may be referred to other resources designed to address those needs. In addition, the applicant should have attempted and show proof of trying to resolve the unforeseen, short term financial situation, but is unable to do so without the assistance.

Only complete applications will be accepted. Return completed application and supporting documents to the Cheboygan County Department of Veterans Services. Incomplete applications will be returned. Repeat applicants must not have exceeded their annual maximum county grant award and must provide new documentation. Applicant may not apply for duplicate financial help from other County veteran funds.

VETERANS ASSISTANCE FUND- Eligibility

- Must have been discharged **under other than dishonorable** conditions.
- Must have served at least 90 days active military service or separated as a result of a service connected disability

SOLDIERS RELIEF FUND- Eligibility

- Must have an **honorable discharge**.
- Must have served at least 90 days active military service with at least **one day during a wartime** period per Public Act 214.
- If no wartime service, an Armed Forces Expeditionary Medal for service during the qualifying periods is required.

DOCUMENTATION

One or more of the following may be required when filing an application for assistance:

- Photo ID
- DD214 or Discharge papers (Showing dates and character of service)
- Proof of Cheboygan County residence (driver's license, utility bill, copy of lease, etc.)
- Death certificate of veteran- if applicable
- Bills or account statements regarding the items for which you are seeking assistance
- Proof of **ALL** income for all adult household members (2 most recent statements)
- Proof of monthly expenses (rent/mortgage payment, utility bills, car payment, insurance, taxes, medical, debts, etc.)
- Vehicle repairs must be performed by a vendor; applicant must provide two estimates from two different licensed/insured Cheboygan County establishments. A current Michigan driver's license, current proof of insurance and current proof of registration must be provided.
- The Cheboygan County Department of Veterans Services reserves the right to ask for any additional documents that may be relevant to the application for assistance.
- Approval or Denial letters from other agencies for same request

If application is approved, payment will be **paid directly to vendors** on behalf of the veteran/applicant. Veteran/applicant will be sent a Notice of Decision upon approval or disapproval.



**Cheboygan County Department of Veteran Services
231-627-8833**

Office Use only

Approved: _____

Partial: _____

Disapproved:

Date: _____

APPLICATION FOR FINANCIAL ASSISTANCE

Veteran's Assistance Fund

Soldier's Relief Fund

Section 1

VETERAN INFORMATION

Last Name		First Name	Last 4 of SSN:	
Date of Death (if deceased)		Place of Death (city & state)		
Marital Status (circle one)	Married	Divorced	Widowed	Never Married
Branch of Service	Retired from the Military <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Active Service Time	
Dates Served in Military			Character of Discharge	

Section 2

CLAIMANT INFORMATION (if other than veteran)

Last Name	First Name	Relationship to Veteran
Reason veteran is not applying		

Section 3

ASSISTANCE

Date of Application:		Previous Assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where?		
Type of Assistance Requested (Mortgage, Rent, Electric, etc.)	a)	b)	c)	d)
Amount Needed for Each Request				

Section 4

RESIDENCY

Applicants must submit a copy of a valid MI Driver's License or Identification Card, or some proof of Cheboygan County Residency.					
Current Residence			Mailing Address (If Different From Residence)		
Street Address	Apt #		Street Address	Apt #	
City	State	Zip	City	State	Zip
Telephone Number			Telephone Number		

Section 5

DEPENDENT/HOUSEHOLD MEMBERS INFORMATION

List **all** people living in the home even if you are not applying for benefits for them. Attach a separate sheet of paper if necessary.

Name	Age	Relationship to You

Section 6

VETERAN EMPLOYMENT INFORMATION

You must provide the following requested information and list your monthly wages in Section 8 in "Earned Wages/Income". **If employed, please submit copies of you last two pay stubs.** If you are not currently employed, you must provide the information for your most recent employer.

Are You Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	What is Your Usual Occupation?
Name of Current/Most Recent Employer	Telephone Number of Employer
What is the Last Date You Worked?	How Often Were/Are You Paid?
Are You Self-Employed?	What is Your Business?
If you are self-employed, you must list income from all sources under "Self-Employment Income" in Section 8. You must furnish a copy of your most recent form 1040 with the appropriate schedules for the business.	

Section 7

SPOUSE/HOUSEHOLD MEMBER EMPLOYMENT INFORMATION

(continue on back if there is more household income)

You must provide the following requested information and list your monthly wages in Section 8 in "Earned Wages/Income". **If employed, please submit copies of you last two pay stubs.** If you are not currently employed, you must provide the information for your most recent employer.

Are You Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	What is Your Usual Occupation?
Name of Current/Most Recent Employer	Telephone Number of Employer
What is the Last Date You Worked?	How Often Were/Are You Paid?
Are You Self-Employed?	What is Your Business?
If you are self-employed, you must list income from all sources under "Self-Employment Income" in Section 8 You must furnish a copy of your most recent form 1040 with the appropriate schedules for the business.	

Section 8

HOUSEHOLD INCOME CURRENTLY RECEIVED

NOTE: You must list ALL money from ANY source. List the GROSS amount			
	VETERAN	SPOUSE	ALL OTHER HOUSEHOLD MEMBERS
Source of Income	Amount Currently Receiving	Amount Currently Receiving	Amount Currently Receiving
Earned Wages/Income			
Self-employment Income			
Social Security – Any Type			
Social Security on Behalf of Dependents			
VA Compensation			
VA Pension			
Military Retirement			
Private Pension/Other Retirement			
DHS Assistance-ANY			
Child Support Received			
Spousal Support Received			
Worker’s Compensation			
Unemployment Insurance			
Rental Income			
Short Term/Long Term Disability			
Compensated Work Therapy			
TOTAL HOUSEHOLD INCOME			

Section 9

HOUSEHOLD FINANCIAL RESOURCES & ASSETS

Include all checking and savings accounts, CD’s, IRA’s, 401K’s, and similar retirement accounts or annuities. You must include and business or self-employment accounts. You must provide copies of your two most recent bank statements for each account.	
Type of Account	Current Balance

Section 10

HOUSEHOLD EXPENSES/DEBT

Monthly Household Expenses		Household Debt	
Mortgage/Rent		Mortgage	
Electric		Value of Home (Estimate)	
Gas (propane/natural)		Vehicle 1	
Water		Vehicle 2	
Waste Management		Medical Debt	
Homeowners/Renters Insurance		Student Loan	
Automobile Payment		Credit Card 1	
Automobile Insurance		Credit Card 2	
Automobile Gas		Back Taxes	
Telephone/Cell Phone		IRS Debt	
Child Support/Alimony		Loan	
Medical (Ins., meds., etc.)		Utility Debt 1	
Student Loan		Utility Debt 2	
Other: Daycare, etc.		Other Debt	
TOTAL		TOTAL	

Section 11

AFFIDAVIT

Both the veteran and/or claimant must read and initial the following:

“Income” means earned and unearned income from any source, including windfalls, tax refunds, property tax refunds, and rebates, reduced by amounts paid or withheld for federal and state income taxes, and social security taxes.

_____/_____ I have reported **ALL** money received from **ALL** sources.

_____/_____ I state that all of the information that I have provided on this application is true, correct, and complete and that I have not withheld or misrepresented any information.

_____/_____ I will immediately report any change in my income, assets, or number of dependents or household members to the Cheboygan County Department of Veteran Services.

It is my understanding that access to this information will be provided to the Cheboygan County Department of Veteran Services and the appropriate assistance fund committee members. No other use, not specifically authorized by law, will be made of this information without my prior written consent. I understand that I am under no obligation to supply any of the information requested, however, since eligibility cannot be determined without providing such information, the consequences of such would make me ineligible for the Cheboygan County Veteran’s Assistance Fund or Soldier’s Relief Fund.

Veteran’s Signature	Date	Claimant Signature	Date

****Upon the veteran or claimant’s request, there is assistance with budgeting and/or money management ****

OFFICE USE ONLY

Section 12

COUNTY VETERANS SERVICES ADDITIONAL REMARKS

DD-214	Discharge Eligible	War Period Eligible	Emergent Need	Temporary Need
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:				
Veteran's Service Officer Signature:				Date:

COMMITTEE SIGNATURES

Committee Signature	Date Signed	Approved Amount	Partial Approved Amount	Denial	Reason

