THE MICHIGAN AMERICAN LEGION FOUNDATION
TEMPORARY FINANCIAL ASSISTANCE APPLICATION

Please print clearly. Attach supporting documentation as indicated in this application.

1 | VETERAN AND HOUSEHOLD INFORMATION

Application date: _____/ _____/_____

Veteran name (first / middle initial / last): _____

Street address: _____

City / State / ZIP: _____

Phone number: (_____) _____ - _____

Marital status: ☐ No ☐ Yes Spouse's name: _____

Does the spouse live with the veteran? ☐ No ☐ Yes

Parent or legal guardian of children under age 18? ☐ No ☐ Yes

Do children under age 18 live with the veteran full-time? ☐ No ☐ Yes

Are adult children (over age 18) living in the household? ☐ No ☐ Yes

Names and ages of children living with veteran: _____

_____

2 | HOUSING

Current housing: ☐ Own ☐ Rent ☐ Temporary housing ☐ Shelter

Monthly housing payment: $ _____

Eviction notice received? ☐ No ☐ Yes (If yes, attach a copy of the notice.)

3 | MILITARY SERVICE

Date of entry (MM/YY): _____/ _____ Date of exit (MM/YY): _____/ _____

Branch of service: _____

Date of birth: _____/ _____/ _____ Last four digits of SSN: _____

Attach acceptable proof of service as described in the document checklist on page 4.

4 | EMPLOYMENT

Veteran employed? ☐ Yes ☐ No Status: ☐ Full-time ☐ Part-time ☐ Laid off ☐ Workers' compensation

If not employed, explain:

_____

_____

Spouse employed? ☐ Yes ☐ No Status: ☐ Full-time ☐ Part-time ☐ Laid off ☐ Workers' compensation

If not employed, explain:

_____

_____

Are adult children employed? ☐ No ☐ Yes

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5 | HOUSEHOLD EMPLOYMENT AND FINANCES

If adult children are employed, describe how they contribute to household finances:

_____

_____

Attach the last two pay stubs, documentation of new employment if applicable, and a current bank statement for the veteran.

MONTHLY HOUSEHOLD INCOME

Income source	Amount per month
Veteran earnings	$
Spouse earnings	$
Other household members' earnings	$
VA pension(s)	$
Public assistance	$
Other monthly income (specify below)	$
Other income description:	
TOTAL MONTHLY INCOME	$

6 | REQUEST FOR ASSISTANCE

Explain why financial assistance is needed. Attach an additional sheet if necessary.

_____

_____

_____

_____

RECURRING MONTHLY BILLS AND OBLIGATIONS

List ALL recurring monthly bills, not only those for which payment is requested.

Bill type / vendor	Monthly amount	Bill type / vendor	Monthly amount
Utility 1	$	Other	$
Utility 2	$	Other	$
Utility 3	$	Other	$
Mortgage / rent	$	Other	$
Other	$	TOTAL	$

Assistance is paid directly to vendors. Attach a current bill or statement showing the veteran's name and sufficient payment information. Grants are not made for credit card payments.

Have you requested assistance elsewhere? ☐ No ☐ Yes (If yes, complete page 3.)

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7 | OTHER ASSISTANCE REQUESTED OR RECEIVED

List agencies contacted and amounts of assistance requested or received.

Agency / organization	Amount
	$
	$
	$
	$
	$
	$
	$

ADDITIONAL ASSISTANCE RESOURCES

Michigan Veterans Affairs Agency (MVAA): Partnerships with major utility companies and financial institutions may provide coordinated assistance. Call 1-800-MICH-VET (642-4838) to ask about eligibility.

County veteran service office: Many Michigan counties administer Soldiers' and Sailors' Relief funds. Contact your county office about financial-assistance options.

The American Legion Department of Michigan, Veteran Service Division: Ask about available VA benefits at (313) 964-6640.

ADDITIONAL COMMENTS / EXPLANATION

_____

_____

_____

_____

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8 | REQUIRED DOCUMENT CHECKLIST

☐ Proof of military service other than dishonorable (provide one acceptable document):

- ☐ Discharge papers dated before January 1, 1950
- ☐ DD-214 (after January 1, 1950)
- ☐ Current VA medical identification card
- ☐ Current Michigan driver's license with veteran designation
- ☐ If none is available, complete military service details; the Veteran Service Division will attempt verification

☐ Proof of residency (homeowner or renter)

☐ Birth certificates for children under 18 living with the veteran

☐ Current bank statements

☐ Last two pay stubs of current or last employer, or new-employer letter if applicable

☐ Current statements for bills requested for payment, including account numbers or check memo information

☐ Complete explanation of the financial circumstances

SUBMISSION INSTRUCTIONS

Email: tfa@michiganlegion.org Fax: (517) 689-6100

Mail: Michigan American Legion, Attn: TFA, 212 N. Verlinden Ave., Lansing, MI 48915

APPLICANT CERTIFICATION

I certify that I meet the requirements for applying for this assistance.

Veteran signature: _____ Date: _____/ _____/ _____

9 | INVESTIGATOR'S REPORT — LEGION REPRESENTATIVE ONLY

To be completed by the American Legion chairperson or service officer. Provide a detailed account of the veteran's situation, steps taken to secure other assistance, and planned follow-up. An additional sheet may be attached.

_____

_____

_____

_____

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10 | OFFICE USE ONLY

THE AMERICAN LEGION DEPARTMENT OF MICHIGAN

Payment authorization — list each payee and amount.

Payee/vendor	Authorized amount
1.	$
2.	$
3.	$

Provide the mailing address where check(s) should be sent:

_____

_____

_____

_____

AUTHORIZED DEPARTMENT REPRESENTATIVE

Name and title: _____

Signature: _____ Date: _____/ _____/ _____

PROGRAM / FUNDING DESIGNATION

☐ Wounded and Returning Warrior Application

☐ Heroes to Hometown ☐ Homeless Veterans Task Force ☐ VAR Endowment Fund