

Please Mail To:
Department of Military and Veterans Affairs
State Operations
Reserve Forces Service Center
3423 North Martin Luther King Blvd.
Lansing, MI 48906
Attn: Military Family Relief Fund

MICHIGAN MILITARY FAMILY RELIEF FUND APPLICATION

MILITARY MEMBER'S INFORMATION –attach a copy of deployment orders

Name: _____ Birthdate: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell/Work Phone: _____
Branch: _____ Rank: _____ SSN: _____
Home Station Unit of Assignment: _____
Is member married? _____ If not, does member have dependents/family in DEERS? _____

APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)

Name: _____ SSN: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell/Work Phone: _____
Relationship to military member: _____

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION

Name: _____
Position/Title: _____
Phone Number: _____

DMVA Form 10-1 (Apr 05)

EXPENSE	AMOUNT	DESCRIBE AND ATTACH COPIES OF BILLS, INVOICES, ESTIMATES RECEIPTS
Food/clothing:	\$ _____	_____
Rent/mortgage:	\$ _____	_____
Utilities:	\$ _____	_____
Medical services/prescriptions:	\$ _____	_____
Insurance:	\$ _____	_____

Vehicle payments: \$ _____

Vehicle repairs: \$ _____

Day Care Expenses: \$ _____

Home Repairs: \$ _____

Other: \$ _____

LIST ITEMS YOUR REQUESTING ASSISTANCE WITH:

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL AMOUNT REQUESTED: \$ _____

Please Complete the Following:

1. Military member's monthly civilian salary (attach copy of pay stub): \$ _____
2. Military member's monthly military salary (attach copy of pay stub): \$ _____

NEED BASED GRANT -- UP TO \$2,000

The Adjutant General may waive the requirements in emergency cases, when accompanied by a written request indicating the circumstances justifying such a waiver.

SIGNATURE OF APPLICANT

DATE

I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application. I authorize the State of Michigan and the Michigan Department of Military & Veterans Affairs access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form, including social security numbers, is voluntary. Failure to provide the requested information, however, will prohibit the processing of this grant application. In accordance with applicable laws, the State of Michigan and the Michigan Department of Military & Veterans Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.

Authority: 2004 PA 363 & 364
 Compliance: Voluntary, but a grant will not be approved unless complete form is submitted.