



THE AMERICAN LEGION DEPARTMENT OF MICHIGAN

Temporary Financial Assistance Application

Please print:

Date: _____

Veteran Name(F/MI/L): _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

Are you married? No Yes Spouse's Name: _____

- Is the spouse living with the Veteran? No Yes

Are you a parent or legal guardian of children Under 18? No Yes

- Do the children live with the veteran full time? No Yes
- Are there grown children (over 18) living in the home with the Veteran? No Yes

Names & Ages of children living with Veteran:

Housing:

Do you Own Rent Live in temporary housing Living in Shelter? Monthly Payment? _____

Have you received an eviction notice? No Yes, if yes, please include a copy of notice.

Military Service: Date of entry: MM / YY Date of exit: MM / YY Branch of service: _____

Date of birth: _____ Last 4 of SSN: _____

(Please provide a copy of your DD-214 or other discharge paper, a VA Medical ID card, a Michigan Driver's license with Veterans designation, or active-duty military ID)

Employment:

Is veteran employed? Yes Work status: Full-time Part-time Laid-off Worker's Compensation

No Please explain: _____

Is Spouse Employed? Yes Work status: Full-time Part-time Laid-off Worker's Compensation

No Please explain: _____

Are the grown children employed? No Yes



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If yes, how do the grown children contribute to the household finances? _____

- Please provide the last two pay stubs received with application, and if newly employed documentation of new employment.
- Please provide a current bank statements of veteran.

Monthly Income:		
Earnings of Veteran		\$
Earnings of spouse		\$
Earnings of others in household		\$
VA Pension(s)		\$
Public Assistance		\$
Other monthly income		\$
Specify:		
Total Income		\$

Reason for request for assistance? (Use back side to continue explanation, if needed)

<u>Bill Type:</u>	<u>Amount:</u>	<u>Other:</u>		
Utility 1:		Other:		
Utility 2:		Other:		
Utility 3:		Other:		
Mort. Or Rent:		Other:		
Other: **		<u>Total: *</u>		

* NOTE: Assistance is sent directly to the vendor for payment. Please provide a current bill or statement to allow proper payment. The Veteran's name must be on the bill or current statement.

** NOTE: Grants will not be made for credit card payments.

Have you sought other assistance and where? No Yes



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Agency:	Amount:

Other assistance:

- **The State of Michigan Veterans Affairs Agency** has developed partnerships with major utility companies and financial institutions to coordinate help in these areas for Veterans. Call **1-800-MICH-VET (642-4838)** to ask if you qualify.
- Contact your county veteran service office: Many counties have a Soldier and Sailors Relief fund veterans in need of financial assistance may apply.
- Contact The American Legion Department of Michigan Veteran Service Division to inquiry about VA benefits you may qualify. Call **(313) 964-6640**



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Document Check List:

- Proof of other than dishonorable military service: Provide a copy of one of the following:
 - Discharge papers prior to Jan 1, 1950, or
 - DD-214 (After Jan 1, 1950), or
 - Current VA Medical ID Card, or
 - Current State of Michigan Drivers license with Veteran designation.
 - If you cannot provide one of the above, please ensure the Military service section is complete and our Veteran Service Division will attempt to verify your service.
- Proof of residency, whether owning, or renting.
- Birth certificates of children under 18 living with Veteran.
- Current bank statements
- Last two paystubs of current or last employer, or letter from new employer, if applicable.
- Provide a copy or original statements of bills requesting payment, and indicate any account number, or information that should be included on the memo line of check.
- Complete explanation of the situation.

Send this application and all supporting documentation to email address: tfa@michiganlegion.org, or fax to (517) 689-6100, or mail to: Michigan American Legion, Attn: TFA, 212 N Verlinden Ave., Lansing, MI 48915

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

Signature of Veteran: _____ Date: _____

Investigators Report

This section is to be filled out by the American Legion Chairperson or Service Officer only. Applicants may submit a more statement by attaching a sheet of paper to the application. Please include a detail description of the Veteran’s situation, steps to secure other assistance, and follow-up plans.



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OFFICE USE ONLY

- 1) Check to be written to: _____ Amount: \$ _____
- 2) Check to be written to: _____ Amount: \$ _____
- 3) Check to be written to: _____ Amount: \$ _____

Please provide address where check(s) to be sent

Authorized American Legion Department of Michigan representative

Name & Title: _____

Signature: _____ Date: _____

WOUNDED AND RETURNING WARRIOR APPLICATION

HEROES TO HOMETOWN HOMELESS VETERANS TASK FORCE VAR ENDOWMENT FUND