



# 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.

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

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: [hvtf@michiganlegion.org](mailto:hvtf@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: \_\_\_\_\_

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### 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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# THE AMERICAN LEGION DEPARTMENT OF MICHIGAN

## 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