

# MICHIGAN VETERANS TRUST FUND

PO BOX 30104

LANSING, MI 48909

If you wish to email the application and all  
requested documents, send to  
[MVAA-MVTF@Michigan.gov](mailto:MVAA-MVTF@Michigan.gov)

PHONE: 517-284-5299

FAX: 517-284-5297

## DOCUMENTS NEEDED TO APPLY FOR MVTF

- Discharge papers, separation report, or DD-214 (Must show dates of active duty and the character of service.)
- Proof of residence (driver's license, voter registration, State of Michigan I.D., lease agreement, etc.)
- Marriage certificate; birth certificates of minor children (if legal dependents)
- Death certificate if Veteran is deceased
- All bills of monthly debts (utilities, insurance, medical bills, rent, mortgage, auto insurance or payments, water, etc.) See application- Send in all that apply
- Proof of income coming into the home (check stubs, bank account statement showing direct deposit, social security declaration, VA compensation declaration ect.) See application send in all that apply

*"Emergent need" is further defined to mean an unforeseen circumstance causing a temporary financial emergency or hardship that a grant will resolve. The key factor in determining whether or not a grant is approved is the ability of the applicant to manage the obligation for which aid is requested after a grant is made. If there is no reasonable expectation that the MVTF grant would enable the applicant to resume his/her financial responsibility, then a grant does not meet policy."*

DEPARTMENT OF MILITARY & VETERANS AFFAIRS  
MICHIGAN VETERANS TRUST FUND  
**APPLICATION FOR AN EMERGENCY GRANT**

1. VETERAN'S NAME (Last, First, Middle Initial)		2. DATE OF BIRTH		3. COUNTY OF RESIDENCE	
4. STREET ADDRESS		CITY	ZIP CODE	5. PHONE NUMBER	
6. SOCIAL SECURITY #		7. IS THE VETERAN DECEASED		8. TYPE OF DISCHARGE	
9. ELIGIBILITY (Be sure to include ALL periods of active duty)		ENTRY DATE(S)		RELEASE DATE(S)	
<i>DETERMINATION</i>		<i>REQUIRED*</i>		<i>YEARS</i>	<i>MONTHS</i>
World War II: 12/7/41 – 12/31/46		180 days			
Korean Conflict: 6/27/50 – 1/31/55		180 days			
Post Korean: 2/1/55 – 2/27/61. (Must have the Armed Forces Expeditionary Medal <i>AFEM</i> or Vietnam Service Metal <i>VSM</i> listed on DD214.)		180 days			
Vietnam Era: 2/28/61 – 5/7/75		180 days			
Persian Gulf: 8/2/90 – to be determined		180 days			
Other Conflicts: (Must have the Armed Forced Expeditionary Medal— <i>AFEM</i> ) (WW1 requires 90 days)		180 days			
<p>* 180 days not required if separated for reason of physical or mental disability incurred in the line of duty during defined dates of war time service. Must include at least one day of wartime service. (Proof from service required.) If this applies on this application check here: ►</p> <p><i>I have reviewed the service dates and certify this applicant meets the service requirements for the Michigan Veterans Trust Fund.</i></p>					
SIGNATURE OF INTERVIEWER				DATE	
<b>The remaining sections are to be filled out by the applicant (with assistance, if necessary). Answer all items/state "none" if appropriate.</b>					
10. NAME OF APPLICANT (If other than veteran)		11. RELATIONSHIP		12. PHONE NUMBER	
14. ADDRESS (including Street, City, ZIP Code)				15. REASON VETERAN IS NOT APPLYING:	
16. List each legal dependent of the veteran, including relationship & age (spouse & children) (Policy BTP-102)					
NAME		RELATIONSHIP		AGE	
17. MOST RECENT EMPLOYER (Veteran)		FROM TO		MOST RECENT EMPLOYER (Spouse)	
				FROM TO	
18. HAS VETERAN RECEIVED MVTF ASSISTANCE IN THE PAST		19. DATE		20. COUNTY	
For: Amount:					
21. Purpose for seeking emergency grant. Items listed here are the only ones that will be considered by the committee.					
Type of assistance requested (Mortgage, Rent, Electric, etc.)	(a)	(b)	(c)	(d)	(e)
Amount Needed					
22. ADDITIONAL COMMENTS					
<p>23. *Any person who shall knowingly, by fraudulent representations, obtain or allow to be obtained any payment or aid provided by MVTF shall be deemed guilty of a felony (if over \$100.00 – MCL 750.218) or a misdemeanor (if less than \$100.00 – MCL 35.609) and upon conviction shall be subject to a fine of \$5,000 or 10 years imprisonment, or a fine of \$500.00 and/or imprisonment of 6 months, respectively, at the discretion of the court. (PA 9 of 1946, as amended)</p> <p>I certify that the above information is true and factual to the best of my knowledge, and I authorize the MVTF Board of Trustees and County Committees to receive and transmit any information that may be necessary to document my request for financial assistance.</p>					
SIGNATURE OF APPLICANT				DATE	

Complete & send **WHITE** original to Michigan Veterans Trust Fund, PO Box 30104 Lansing, MI 48909 DMVA MVTF-1a (05/06)

DEPARTMENT OF MILITARY & VETERANS AFFAIRS  
MICHIGAN VETERANS TRUST FUND  
**FINANCIAL STATEMENT**

*Under the authority of Public Act 9 of 1946, (MCL 35.601-610), the following information is required to supplement Page 1 of this application.*

VETERAN'S NAME	APPLICANT'S NAME (if other than veteran)	DATE
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MONTHLY INCOME		MONTHLY EXPENSES		
TYPE	AMOUNT	TYPE	AMOUNT	COMMENTS
Wages (Veteran)		Rent*		
Wages (Spouse)		Mortgage*		
Social Security (Veteran)		Food		
Social Security (Spouse)		Heating/Gas*		
SSI Benefits		Auto Payment(s)*		
VA Compensation		Electricity*		
Military Retirement		Telephone*		
VA Pension		Garbage/Water/Sewer		
Civilian Pension		Property Taxes*		
Rental Income		Insurance (House)		
Investments		Medical*/Prescriptions		
Unemployment		Car Insurance		
ADC		Child Support/Care		
Food Stamps		Gasoline		
SDI (State)		Cable TV		
Other		Credit Cards		
		Other		
Total		Total:		

\*These items must be verified by receipts or account books.

ASSETS (annotate Totals)				LIABILITIES (Balances)	
Savings / Checking		Bonds / CDs		Mortgage Balance	
Real Estate (Home Value)		Auto Year/Model		Loan(s) Balance	
IRAs		Auto Year/Model		Credit Cards	
Other-Real Estate		Other		Medical Bills	

I hereby certify that I and/or my dependents have no other financial resources other than those listed above. Combined with the information on the emergency grant application, this is an accurate presentation of my financial status.

SIGNATURE OF APPLICANT	DATE
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**MVTF Grant Program - Interview QUESTIONS (Page 3 of Application)**

**Veteran/Applicant:**

**Date of Application:**

What unforeseen situation occurred that caused your need for applying? When did it occur?

Provide a detailed plan to maintain future financial responsibilities, if a grant were to be awarded