

## Newaygo County Veterans Affairs Department

The Soldiers & Sailors Relief Fund (SSRF) has been designed to provide financial relief for indigent veterans and their families. Veterans with Honorable discharges from the armed forces and spouses, minor children, parents of veterans with Honorable discharges from armed forces during wartime era may be eligible for this program.

### Documents Needed to Apply

- ☐ Discharge papers, separation report, or DD214 (showing active duty during wartime period and Honorable discharge)
- ☐ Proof of Newaygo County residency (driver's license, voter registration, State ID, 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) All total outstanding debt on credit cards, mortgage, auto payments and medical bills.
- ☐ Proof of income coming into the home (check stubs, bank account statement showing direct deposit, social security declaration, VA compensation declaration etc)
- ☐ **Failure to provide all of the required information will result in the application not being submitted to the Veterans Board.**

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

Mail or drop off completed clear and legible application and required documents to:

1087 Newell St PO Box 885  
White Cloud, MI 49349

Fax:  
(231)689-7372

E-mail:  
stevec@co.newaygo.mi.us

# Newaygo County Veterans Affairs Department

## Application For Soldiers and Sailors Emergency Relief Fund

### Veteran Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City Zip Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Applicant Information (if other than veteran)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City Zip Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Reason veteran is not applying: \_\_\_\_\_

### Military Service

<b>Conflict you were involved in</b>	
<b>Dates of Service</b>	
Veteran served at least 1 day during any of the following dates. -December 7, 1941—December 31, 1946 ( <i>World War II</i> ) -June 27, 1950—January 31, 1955 ( <i>Korean Conflict</i> ) -February 2, 1961—May 7, 1975 ( <i>Vietnam Era</i> ) -August 2, 1990—Present ( <i>Global War on Terrorism</i> ) -Other Conflicts ( <i>Must have an Expeditionary Medal listed on DD214</i> )	

*Honorably discharged indigent members of the Army, Navy, Air Force, Marine Corps, Coast Guard, and women's auxiliaries and the indigent spouses, minor children, and parents of each indigent or deceased member who served during a period of war as described in 38 CFR 3.2.*

Type of Assistance Requested	Amount Needed

### Committee Meeting Results

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# Newaygo County Veterans Affairs Department

## Interview Questions

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

**What is your plan to maintain future financial responsibilities, if a grant were to be awarded?  
Please explain in detail.**

## Legal Dependents

*Please list the veteran's legal dependents, including relationship and age.*

Name	Relationship	Age

## Most Recent Employment

Veteran	Spouse
Company: _____	Company: _____
When: _____	When: _____

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## Income and Expenses

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.

Income		Expenses		Comments	VSO Verified
Wages (Veteran)		Rent			
Wages (Spouse)		Mortgage			
Social Security (Veteran)		Heating/Gas			
Social Security (Spouse)		Auto Payment(s)			
SSI Benefits		Electricity			
VA Compensation		Phone			
Military Retirement		Cable			
VA Pension		Internet			
Civilian Pension		Garbage			
Rental Income		Water/Sewer			
Investments		Property Taxes			
Unemployment		Medical Expenses			
Alimony/Child Support		Food			
Food Stamps		Home Insurance			
SDI (State Disability)		Auto Insurance			
Other		Alimony/Child Support			
		Vehicle Gas			
		Credit Card(s)			
		Other			
		Other			
<b>Total</b>		<b>Total</b>		<b>Difference</b>	

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## Income and Expenses Continued

<b>Assets</b> (totals)	<b>Liabilities</b> (balances)
Home SEV (value)	Mortgage Owed
Auto Make/Model Mileage/Value	Amount Owed on Auto Loan
Real Estate (other)	Credit Cards (total)
IRA/Bond/CD/401K	Medical Debt
Savings	Other Loans (itemize below)

## VSO Notes

Last Application of the Veteran: When/ For What/ How Much?

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## Disclaimer and Signature

Please **initial** next to each statement.

\_\_\_\_ I certify that my answers are true and complete to the best of my knowledge.

\_\_\_\_ Any person who shall knowingly, by fraudulent representations, obtain or allow to be obtained any payment or aid provided by CVSF 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)

\_\_\_\_ I certify that the above information is true and factual to the best of my knowledge, and I authorize Newaygo County to receive and transmit any information that may be necessary to document my request for financial assistance.

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

\_\_\_\_ I understand that I have the right to emergency assistance only if the assistance will help me become self-sufficient and the problem does not appear chronic or self-inflicted in nature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Any Additional Information:

## Submitting Your Application

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