



Michigan Veterans Affairs Agency CVSF Emergency Relief Application

Veteran Information

Name:	DOB:	Phone:
Address:	City:	ZIP:
AD Entry:	Sep Date:	Character of Service:
County of Residence:	Email Address:	
Applicant, if not veteran:	Relationship:	Phone:
Address:	City:	ZIP:
Reason Veteran is not Applying:		

Dependents

Name	Age	Relationship

Employment

Veteran Employer:	Spouse Employer:
Employment Dates:	Employment Dates:
Are you an essential worker?	Are you an essential worker?
Are you currently laid off?	Are you currently laid off?
Current Household Net Income?	

Assistance

Description of Assistance Requested/Emergent Situation	Cost

Current and Previous State Assistance

Type of Assistance	Amount	Date

Do you affirm and certify that all the information provided is complete and a true representation of your financial status? By signing this document, you are stating that you have not hidden any assets, income, or other benefits that could resolve this emergency. Your signature also indicates that you understand any misrepresentation, falsification, or omission of any facts requested in the application may void the application and may cause for a repayment demand of benefits received.

Applicant Signature _____ Date _____

Verbal/taped affirmation if signature not possible: VSO Signature _____ Time _____ Date _____

STATUS: Issue Resolved/Case Closed? YES NO **Forwarded to Grants Management Team?** YES NO

Date/Time Received

MVAA Staff Signature/Date

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Continue Application for Non-consumable Assistance

Veteran Name:	Date:
Applicant Name if other than Veteran:	Relationship:

Monthly Income		Monthly Expenses	
Income Source (if applicable)	Amount	Expense (if applicable)	Amount
Wages (Vet)	\$	Rent	\$
Wages (Spouse)	\$	Mortgage	\$
Soc Security (Vet)	\$	Food	\$
Soc Security (Spouse)	\$	Heating/Gas	\$
SSDI (Vet)	\$	Vehicle Payment	\$
SSDI (Spouse)	\$	Electricity	\$
VA Compensation	\$	Telephone	\$
DIC	\$	Water	\$
Pension	\$	Property Taxes	\$
Death Pension	\$	Homeowners Insurance	\$
VA Education	\$	Vehicle Insurance	\$
Military Retirement	\$	Medical	\$
Civilian Pension	\$	Child Support	\$
Unemployment	\$	Vehicle Fuel	\$
Food Assistance	\$	Cable/Internet	\$
Child Support	\$	Child Care	\$
Rental Income	\$	Educational Payments	\$
Household Member Income	\$	Other	\$
Other	\$	Other	\$
Total	\$ 0.00	Total	\$ 0.00

Assets (if applicable)				Liabilities (if applicable)	
Savings	\$	Vehicle	\$	Mortgage Balance	\$
Checking	\$	Vehicle	\$	Credit Card Debt	\$
IRAs	\$	UTA/ATV/Watercraft	\$	Loans	\$
CDs	\$	Additional Home	\$	Child Support Arrears	\$
Home	\$	Other	\$	Other	\$
Real Estate	\$	Other	\$	Other	\$

Do you reaffirm and certify that all the information provided is complete and a true representation of your financial status? By signing this document, you are stating that you have not hidden any assets, income, or other benefits that could resolve this emergency. Your signature also indicates that you understand any misrepresentation, falsification, or omission of any facts requested in the application may void the application and may cause for a repayment demand of benefits received.

Applicant Signature _____ Date _____

Verbal/taped affirmation if signature not possible: VSO Signature _____ Time _____ Date _____

Description of what caused financial crisis:

Applicant remarks:

Proof of Identity Attached (Current State or Government Issued ID)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For home repairs or ramp builds: two estimates attached with Contractor License Number?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For vehicle repairs: one quote from licensed mechanic attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
DD-214, NGB-22 attached or other documentation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Date Received

Received by

Approval Date

MVAA Signature

MVAA Signature

Denial Date

MVAA Signature

MVAA Signature

Appeal Date

MVAA Signature

Appeal decision and reason