

**ST. CLAIR COUNTY DEPARTMENT OF VETERANS AFFAIRS
SOLDIERS & SAILORS FINANCIAL RELIEF
APPLICATION FOR AN FINANCIAL GRANT**

1. VETERAN'S NAME (Last, First, Middle initial)		2. DATE OF BIRTH		3. COUNTY OF RESIDENCE	
4. STREET ADDRESS		CITY		ZIP CODE	
5. SERVICE NUMBER/SOCIAL SECURITY #		7. IS THE VETERAN DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO		8. HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. ELIGIBILITY (Be sure to include Last period of qualifying active duty)		ENTRY DATE(S)		RELEASE DATE(S)	

have reviewed the service dates and certify this applicant meets the service and financial requirements for the Soldiers & Sailors Relief Fund.

SIGNATURE OF INTERVIEWER		DATE
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The remaining sections are to be filled out by the applicant (with assistance, if necessary). Answer all items/state "none" if appropriate.

10. NAME OF APPLICANT (If other than veteran)	11. RELATIONSHIP	12. PHONE NUMBER	13. SOCIAL SECURITY #
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14. ADDRESS (including Street, City, ZIP Code)	15. REASON VETERAN IS NOT APPLYING:
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16. List each legal dependent of the veteran, including relationship & age (spouse & children)

NAME	RELATIONSHIP

17. MOST RECENT EMPLOYER (Veteran)	FROM TO	MOST RECENT EMPLOYER (Spouse)	FROM TO
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FINANCIAL STATEMENT

VETERAN'S NAME	APPLICANT'S NAME (if other than veteran)	DATE
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MONTHLY INCOME		MONTHLY EXPENSES		
TYPE	AMOUNT	TYPE	MONTHLY	PAST DUE
Wages (Veteran)	\$0.00	Rent*	\$0.00	\$0.00
Wages (Spouse)	\$0.00	Mortgage*	\$0.00	\$0.00
Social Security (Veteran)	\$0.00	Food	\$0.00	\$0.00
Social Security (Spouse)	\$0.00	Heating/Gas*	\$0.00	\$0.00
SSI Benefits	\$0.00	Auto Payment(s)*	\$0.00	\$0.00
VA Compensation	\$0.00	Electricity*	\$0.00	\$0.00
Military Retirement	\$0.00	Telephone*	\$0.00	\$0.00
VA Pension	\$0.00	GARBAGE	\$0.00	\$0.00
Civilian Pension	\$0.00	Property Taxes*	\$0.00	\$0.00
Rental Income	\$0.00	Insurance (House)	\$0.00	\$0.00
Investments	\$0.00	Medical*/Prescriptions	\$0.00	\$0.00
Unemployment	\$0.00	Car Insurance	\$0.00	\$0.00
ADC	\$0.00	Child Support/Care	\$0.00	\$0.00
Food Stamps	\$0.00	Gasoline	\$0.00	\$0.00
SDI (State)	\$0.00	Cable TV	\$0.00	\$0.00
Other	\$0.00	CREDIT CARDS	\$0.00	\$0.00
	\$0.00	Other	\$0.00	\$0.00
Total	\$0.00	Total:	\$0.00	\$0.00

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

ASSETS (annotate Totals)				LIABILITIES (Balances)	
Savings	\$0.00	Bonds / CDs	\$0.00	Mortgage Balance	\$0.00
Real Estate (Home Value)	\$0.00	Auto	\$0.00	Loan(s) Balance	\$0.00
IRAs	\$0.00	Auto	\$0.00	Credit Cards	\$0.00
Other-Real Estate	\$0.00	Other	\$0.00	Medical Bills	\$0.00

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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INTERVIEW SUMMARY

VETERAN'S NAME	APPLICANT'S NAME (if other than veteran)	DATE
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24. COMMITTEE/AGENT'S FINDINGS OF FACT *(Attach additional sheets if necessary)*

25. DETAILED REASON(S) FOR THE COMMITTEE'S APPROVAL, DISAPPROVAL, OR RECOMMENDED APPROVAL FOR REVIEW OF THIS APPLICATION

26. ASSISTANCE (LIST ALL DECISIONS)

TYPE OF ASSISTANCE	(a)	(b)	(c)	(d)	(e)
AMOUNT APPROVED					
AMOUNT DISAPPROVED					
TRANSACTION #					

During this calendar year the committee has granted \$ _____ on _____ application(s) to this veteran/dependent.

The signatures below certify that the committee's decision has been reached in accordance with the Open Meetings Act (PA 158 of 1978) and in compliance with Soldiers & Sailors Relief Policy and Open Meetings Act Compliance.

Approved	Disapproved	Partial	Committee Members' Signatures	Date

SIGNATURE OF AUTHORIZED AGENT

APPLICATION WAS WITHDRAWN

(DATE)