



Kent County Veterans Services

836 Fuller Ave NE

Grand Rapids, MI 49503

Phone: 616-632-5722 Fax: 616-632-5723

KCVS@kentcountymi.gov

Emergency Relief Application

Emergency Relief Mission Statement:

*The mission of **Kent County Veterans' Services** (KCVS) is to provide accurate, efficient, and timely service to ensure delivery of benefits to Kent County Veterans and their families.*

The Kent County Veterans' Services Office can assist with certain emergent financial situations. This aid can only be given to provide relief from a *temporary and unforeseeable* emergent need.

Each time assistance is requested the applicant may be asked to demonstrate true emergent need, which could include proof of all household income, cash assets, employment, and expenses. Additionally, applicants will be asked to provide receipts for all reported expenses. **KCVS staff** ~~We~~ will review **the applicant's** ~~your~~ household budget and may make suggestions about managing **your** resources **moving forward**. In some instances, additional support may be recommended.

KCVS staff may also share any information reported on this form with other agencies that have emergency funds available. Applicants may also be asked to make applications for assistance to another agency before applying to the Kent County Veterans' Service Office for emergency relief.

Appeals Process:

If you think a decision has been wrongfully made you may request (in writing) a review of your application by the Kent County Veterans' Services **Advisory** Committee. Return your request to the **Kent County Veterans Service Office 836 Fuller NE, Grand Rapids, MI 49503**. **The appeal will be considered at the next Veterans' Services Advisory Committee meeting. Meetings are held monthly. The applicant may appear in person for the Committee's review if is requested in their appeal. No walk-in appeals will be accepted.** If you need help preparing this review request contact the Veterans' Services Office at (616) 632-5722 to schedule an appointment to prepare your review request. Please have copies of any information related to your request including income and expense documents.

Statement of Law:

*Any person who shall knowingly, by fraudulent representations, obtain or allow to be obtained any payment or aid provided by Kent County Soldier's **and Sailors** Relief Fund 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. and/or imprisonment of 6 months, respectively, at the discretion of the courts. (P.A. of 9 of 1946, as amended)*

Applicant Signature:

I _____ Date: _____ understand the above statements.

Interview Process

- Requests for emergency grant aid must be made ~~face-to-face~~ with the Kent County Veterans Services (KCVS) Staff.
- ~~KCVS staff is not here to judge applicants. We are here to evaluate each applicant's situation and help if we can.~~
- Assets, Income, Budget, and Spending will be reviewed and discussed - KCVS Staff will work with the applicant to determine if the present situation meets criteria, per policy guidelines to be defined as a true emergency.
- Applicant must provide current documentation to support request(s).
- KCVS' staff will ask in-depth questions regarding:
 - Financial decision making
 - Lifestyle
 - Family matters
 - Legal infractions
- Applicants are responsible for bringing all documentation pertaining to their request:
 - Proof of income
 - DD 214, HINK, or NGB 22
 - Marriage Certificate/ Death Certificate (if applicable)
 - Police Reports/court documents (if applicable)
 - Recent Bank Statements
 - Utilities/ Bills
 - Mortgage or Lease contract
 - Michigan State Identification or Driver's License
- REPAIRS - Home
Applicant must submit a minimum of two estimates.
Applicant must apply through Home Repair Services of Kent County
- AUTOMOBILE PAYMENT
Applicant must provide up-to-date:
 - Registration
 - Insurance
 - State Driver's License
- UTILITIES
Applicants are encouraged to show proof that they have sought assistance elsewhere and have been denied.

- The KCVS Staff's function is to interview the applicant and ensure a complete application is processed. submitted for review.
- ~~If the requests requires KCVS Advisory Committee approval, Once application is complete,~~ KCVS' staff will present on behalf of the applicant to the ~~KCVS Advisory~~ Committee for review.
 - ~~Review of application by KCVS committee takes approximately two business days.~~
- If approved, payment takes approximately about two weeks to process.
- KCVS' staff will make copies of all evidence submitted.
 - Applicants are responsible for keeping copies of all documentation presented.
- In order to secure payment on an awarded application the applicant must provide a W9 form to the payee, and is also responsible for ensuring payee returns completed form to KCVS' staff. Without the completed W9, payment will not be processed
 - If Approved:
 - Payment will be made directly to payee
 - If Denied:
 - Applicant will receive notice from Kent County Veterans Services via US mail.
 - If denied applicant can appeal the decision. Kent County Veterans Services staff can assist applicants through the appeal process.

Applicant Signature: _____ **Date:** _____

Kent County Veterans Services Emergency Grant Application

1. VETERAN'S NAME (Last, First, Middle Initial)		2. Social Security Number		3. COUNTY OF RESIDENCE Kent	
4. STREET ADDRESS		CITY	ZIP	5. PHONE NUMBER	
6. Date of Birth		7. IS THE VETERAN DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO		8. HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
Dated Entered Military:		Date of Discharge:			
E-mail:					
The remaining sections are to be filled out by the applicant. Answer all items/state "none" if appropriate.					
10. NAME OF APPLICANT (If other than veteran)		RELATIONSHIP		12. PHONE NUMBER	13. SOCIAL SECURITY #
14. ADDRESS (including Street, City, ZIP Code)			REASON VETERAN IS NOT APPLYING:		
16. List each legal dependent of the veteran, including relationship & age (spouse & children) (Policy BTP-102)					
NAME		RELATIONSHIP			Date of Birth
17. MOST RECENT EMPLOYER (Veteran)		FROM	MOST RECENT EMPLOYER (Spouse)		FROM
		TO			TO
18. HAS VETERAN RECEIVED SSR ASSISTANCE IN THE PAST <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE	20. REASON/ AMOUNT	
21. Items listed below are the only items that will be considered by the committee.					
Assistance Requested	(ex: rent)	(b)	(c)	(d)	(e)Total
Amount Requested					
22. Interviewer Comments:					
Signature of Interviewer:					Date:

Emergency Relief Application FINANCIAL STATEMENT

Monthly Household Income		Report Your Monthly Expenses	
<i>Income Type</i>	<i>Gross Amount</i>	<i>Expense Type</i>	<i>Expenses Dollar amount</i>
Wages (Veteran)	\$	Rent	\$
Wages (Additional)	\$	Mortgage	\$
Social Security (Veteran)	\$	Heating/ Gas	\$
Social Security (other)	\$	Electricity	\$
SSI/ SDI Benefits	\$	Water	\$
VA Compensation	\$	Garbage	\$
Military Retirement	\$	Insurance (rental)	\$
VA Pension	\$	Property Taxes	\$
Civilian Pension	\$	Auto Payment (1)	\$
Rental Income	\$	Auto Payment (2)	\$
Investments	\$	Auto Insurance	\$
Unemployment	\$	Auto Gasoline	\$
Food Stamps	\$	Child Support/ Day Care	\$
Child Support	\$	Food	\$
Other – UIA (On Hold)	\$	Cable TV/ Internet	
Other	\$	Cell/ Telephone	\$
Other	\$	Credit Card Payments	\$
Other	\$	Other	\$
Other	\$	Other	\$
	\$	Other	\$
Total:	\$	Total:	\$

Assets		Liabilities/ Debts	
Savings	\$	Mortgage Balance	\$
Real Estate Value	\$	Loans Balance	\$
IRA's/ 401K	\$	Credit Cards Debt	\$
Other Total Car Values	\$	Medical Bill Debt	\$

Clearly answer each question **IN DETAIL**, failure to do so **will** ~~may~~ result in a denial of emergency assistance.

1. Clearly state your **Recent Unforeseen Emergency** in paragraph form, simply stating a few words will result in denial. Use dates, occurrences, describe how it affected your ability to handle your financial obligations.

2. State in detail how will you be able to maintain your financial obligations going forward if assistance is granted.

3. Where else have you sought or received financial services/assistance and when?

Determination Date: _____

Authorizing Official: _____ **Approved** **Disapproved**

Authorizing Official: _____ **Approved** **Disapproved**

Authorizing Official: _____ **Approved** **Disapproved**

Authorizing Official: _____ **Approved** **Disapproved**

Authorizing Official: _____ **Approved** **Disapproved**

Authorizing Official: _____ **Approved** **Disapproved**

Authorizing Official: _____ **Approved** **Disapproved**

Final Denial Reason:

Substantial income

No proof of assets

Insufficient income

Long term problem

Evidence is unsubstantiated

No unforeseen emergency

Previous assistance has not resolved