

## **Soldiers and Sailors Relief Fund Emergency Grant Program**

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.

### **Eligibility**

- Honorable or General Under Honorable Conditions Discharge
- 180 days served during a period of war, or
- Less than 180 days active duty with one day of wartime service and a separation for reason of medical/mental disability incurred in the line of duty, or
- 180 days active duty with an award of Armed Forces Expeditionary Medal or Navy/Marine Corps Expeditionary Medal, or
- An un-remarried spouse or dependent child of a veteran who meets the eligibility requirements above

### **What is Needed**

- Military Discharge Document (DD214 or other)
- Proof of Residence
- Proof of Income and Expenses
- Copies of all monthly bills
- Last two months bank statements
- Documents showing cost of assistance being sought (DTE, Semco, Water, etc.)
- Marriage certificate; birth certificates of minor children (if applicable)
- Death certificate of a deceased spouse or parent (if applicable)
- Other documents depending on types of assistance
  - Past Due Rent
    - Rent Form completed by landlord
    - W-9 completed by landlord
    - Eviction Notice (if in progress)
  - Past Due Mortgage
    - Mortgage Form completed by mortgage company
    - W-9 completed by mortgage company
    - Mortgage Statement
  - Home Repair
    - 2 quotes
    - Copy of homeowners insurance
    - Copy of mortgage statement
  - Car Repair
    - 2 quotes
    - Copy of registration
    - Copy of insurance
    - If making payments, copy of loan statement

ST. CLAIR COUNTY DEPARTMENT OF VETERANS AFFAIRS  
SOLDIERS AND SAILORS FINANCIAL RELIEF  
**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. 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	
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>	<i>DAYS</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 AFEM or Vietnam Service Metal VSM 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—AFEM) (WW1 requires 90 days)		180 days			
* 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: <input type="checkbox"/>					
<i>I have reviewed the service dates and certify this applicant meets the service requirements for the Soldiers and Sailors Relief Fund.</i>					
SIGNNATURE 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	13. SOCIAL SECURITY #	
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 ASSISTANCE THROUGH THIS OFFICE IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO			19. DATE	20. COUNTY	
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 _____ _____					
23. *Any person who shall knowingly, by fraudulent representations, obtain or allow to be obtained any payment or aid provided by St. Clair County 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 the St. Clair County Veterans Affairs Committee or agent to receive and transmit any information that may be necessary to document my request for financial assistance.					
SIGNATURE OF APPLICANT				DATE	

ST CLAIR COUNTY DEPARTMENT OF VETERANS AFFAIRS  
SOLDIERS AND SAILORS FINANCIAL RELIEF  
**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	ACTUAL AMT. PAID	ANNUAL PAYMENTS
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		
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		Bonds / CDs		Mortgage Balance	
Real Estate (Home Value)		Auto		Loan(s) Balance	
IRAs		Auto		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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