



# VETERANS RELIEF APPLICATION FOR

Vetraspec #:

Emergency Relief       Burial       Marker Installation

Address  
219 E Paw Paw Street - Suite 303, Paw Paw, MI 49079

Telephone No.  
(269) 657-8200 ext. 1612

Date of Application:		Previous Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when:	
Applicant's Last Name			First Name		MI
I am the: <input type="checkbox"/> Veteran <input type="checkbox"/> Veteran's Widow/Widower <input type="checkbox"/> Veteran's Child <input type="checkbox"/> Funeral Home Director					
Name of the Funeral Home (if applicable)				Applicant Driver's License No. & State	
Applicant Address (or Funeral Home Address, if applicable)					
City				State	Zip
Telephone No.		Alternate Telephone No.		Email Address:	

## 1. VETERAN INFORMATION

Veteran's Last Name		First Name		MI
Address				
City			State	Zip
Date of Enlistment	Date of Discharge	Type of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable		
SSN	VA Claim No.	Power of Attorney		
Date of Birth	Place of Birth (City & State)			
Date of Death (if Deceased)	Place of Death (City & State)			
Name of Funeral Home (if applicable)				
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated, living apart <input type="checkbox"/> Never Married				
Date of Marriage	City & State of Marriage			
Date of Separation/Divorce	City & State of Separation/Divorce			

## 2. SPOUSE / WIDOW INFORMATION

Last Name		First Name		MI	SSN
Date of Birth	Place of Birth (City & State)		Date of Death	Place of Death (City & State)	

## 3. CHECKLIST - Required documentation that is needed to apply for the SSRF:

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of Driver's License / State ID                  | <input type="checkbox"/> Proof of bills that are being requested for payment |
| <input type="checkbox"/> DD214  | <input type="checkbox"/> Financial statement (page 2) completed              |
| <input type="checkbox"/> Two months of recent bank statements of all accounts | <input type="checkbox"/> Death Certificate (if applicable)                   |
| <input type="checkbox"/> Marriage License or Certificate of Divorce           | <input type="checkbox"/> Itemized burial expenses from the funeral home      |
| <input type="checkbox"/> Birth certificates of dependents                     | <input type="checkbox"/> Proof of Power of Attorney                          |
| <input type="checkbox"/> Proof of all income                                  |  |



# VETERANS RELIEF FINANCIAL STATEMENT

Vetraspec #:

1. Application for:  Veteran  Spouse  Dependent Child  Widow / Widower
2. Type of Assistance Requested:  Burial Expenses (\$300 max, per MCL 35.801)  Marker Installation
- Emergency Relief (medical, rent, utilities, etc.) describe: \_\_\_\_\_

3. Amount Needed: \$ \_\_\_\_\_ Made payable to:  Funeral Home  Applicant

4. Budget Information

Monthly Income		Monthly Expenses	
Type	Amount	Type	Monthly Payment
Social Security (veteran)		Rent / Mortgage	
Social Security (spouse)		Food	
SSI Benefits		Heating/Gas	
VA Comp		Automobile Payment	
Military Retirement		Electricity	
VA Pension		Telephone	
Civilian Retirement		Water	
Rental Income		Property Taxes	
Investment Income		Insurance (Auto/Home)	
Unemployment		Medical / Prescriptions	
Spouse Unemployment		Child/Spousal Support	
Food Assistance		Cable/Internet	
Child/Spousal Support		Credit Cards	
Other		Other	
<b>Total Income</b>		<b>Total Expenses</b>	

Assets		Liabilities	
Savings		Mortgage Balance	
Real Estate (value)		Loan(s) Balance	
IRAs/Bonds		Credit Cards	
Life Insurance		Medical Debt	
Other		Other	
Personal Property		Personal Property	

(Answer questions 5 – 9 for Financial Assistance only, not necessary for Burial Assistance or Marker Installation)

5. Why are you requesting financial assistance?
6. Have you received financial assistance from SSRF in the past?  Yes  No  
If yes, please explain when and the amount received:
7. Is this situation temporary and how would receiving financial assistance resolve the situation?
8. How will future expenses be handled?
9. Have you applied for any other type of assistance?