



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 Mission Statement:

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

The Kent County Veterans Service Office can assist with certain emergent financial situations. This aid can only be given to provide relief from a temporary emergent need, it is not meant to be an on-going budget supplement. Each time you request assistance you may be asked to provide proof of need, which could include proof of all household income, cash assets, employment, and expenses. Additionally, you will be asked to provide receipts for all reported expenses. We will review your household budget and may make suggestions on how you can better distribute your finances.

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

Appeals Process:

If you feel a decision has been wrongfully made you may request (in writing) a review of your application by the Kent County Department of Veterans' Affairs Committee. Return your request to the **Kent County Veterans Service Office 836 Fuller NE, Grand Rapids, MI 49503**. If you need help preparing this review request contact the Veteran's Service Office at (616) 632-5722 to schedule an appointment to prepare your review request. Please have copies of any information related to your request; To include 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 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.**



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Interview Process

- Interviews may be recorded for the record.
- Kent County Veteran Services is **NOT** the U.S. Dept. of Veteran Affairs.
- Emergency Relief is a GRANT it is **NOT** a VA benefit.
- The grant is **NOT** a quick “in and out” collect payment process.
 - Assets, Income, Budget, and Spending will be reviewed and discussed
- Veteran Services Officers are not case workers or social workers.
 - The interview position is to determine if there is an actual unforeseen emergency
- The Veteran Services Officer’s position is to interview the applicant and ensure a complete application is submitted for review.
 - Expect in-depth questions regarding:
 - Financial/ Frivolous decisions
 - Social engagements
 - Family matters
 - Criminal activity
- Applicants must complete entire application to be reviewed by a committee.
- Kent County Veteran Service Officers must approve or deny full or partially within 30 days:
 - Review of application by committee takes approximately two business days.
 - If approved payment takes about two weeks to process.
- Applicants are responsible for bringing (In hand) all evidence pertaining to their case:
 - Recent Bank Statement
 - Proof of income
 - DD214
 - Marriage Certificate/ Death Certificate
 - Police Report
 - Utilities/ bills
 - Mortgage or Lease
- All documents/ evidence **MUST** be submitted as a **HARD COPY**.
- EMERGENCIES as a result of a crime
 - Applicant **MUST** submit a police report with application.
- REPAIRS- Home
 - Applicant **MUST** submit a minimum of **TWO** estimates from licensed mechanics.

- **AUTO PAYMENT**
 - Applicant **MUST** provide up-to-date:
 - Registration
 - Insurance
 - State Driver's License
- **UTILITIES**
 - Applications **MUST** show proof that they have sought assistance elsewhere and have been denied.
- Kent County Veteran Service Officers will make copies of all evidence submitted.
 - Future copies of any evidence submitted other than DD214 will not be provided.
- The Interviewer **IS NOT** responsible for gathering applicant documents/ information:
 - Faxing
 - Calling
 - Following up with organizations
- In order to make payment on an awarded application the applicant **MUST** get a W9 form to the payee, and is responsible to ensure payee returns completed form to Kent County Veteran Service Office.
- If a grant is:
 - If Approved:
 - Payment will be made directly to payee
 - If Denied:
 - Applicant will receive notice from Kent County Veteran Services via US Postal.
 - ❖ If denied applicant can **APPEAL**: *However, it is not recommended to call and file grievance with the interviewer this will not result in further action.*
- Applicants **MUST HAVE AN EMERGENCY** situation:
 - Not having sustainable income **IS NOT** considered an emergency for this grant (unless due to recent job loss).
 - Difficult times as a result of negligence does not constitute as an emergency:
 - Quitting a job
 - Termination due to misconduct
 - Poor financial management
 - Prolonged periods of unemployment
 - Repetitive utility Shut offs
 - Eviction due to negligence or misconduct
- Prior use of grant will result in a more in-depth review of the application and may result in denial if previous circumstances have not changed.
- All required documentation and an in-person interview is required every time an applicant applies.

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 CODE	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: / /		EMAIL:	
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			DATES	20. REASON/ AMMOUNT	
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:					
EMAIL ADDRESS:					
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 (other)	\$.	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	\$.	Cable TV/ Internet	\$.
Other	\$.	Cell/ Telephone	\$.
Other	\$.	Reoccurring Medical Payments	\$.
Other	\$.	Credit Card Payments	\$.
Other	\$.	Other	\$.
	\$.	Other	\$.
Total	\$.	Total:	\$.

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

Clearly answer each question **IN DETAIL**, failure to do so 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

Final Denial Reason:

No war era service

Substantial income

No proof of assets

Insufficient income

Long term problem

Evidence is unsubstantiated

No unforeseen emergency

Previous assistance has not resolved