



Eaton County Veteran Services CVSF Emergency Relief Application

Veteran Information

Name:	DOB:	Phone:
Address:	City:	ZIP:
AD Entry:	Sep Date:	Character of Service:
County of Residence:	Email Address:	
Applicant, if not veteran:	Relationship:	Phone:
Address:	City:	ZIP:
Reason Veteran is not Applying:		

Dependents

Name	Age	Relationship

Employment

Veteran Employer:	Spouse Employer:
Employment Dates:	Employment Dates:
Are you an essential worker?	Are you an essential worker?
Are you currently laid off?	Are you currently laid off?
Current Household Net Income?	

Assistance

Description of Assistance Requested/Emergent Situation	Cost

Current and Previous State Assistance

Type of Assistance	Amount	Date

Do you affirm and certify that all the information provided is complete and a true representation of your financial status? By signing this document, you are stating that you have not hidden any assets, income, or other benefits that could resolve this emergency. Your signature also indicates that you understand any misrepresentation, falsification, or omission of any facts requested in the application may void the application and may cause for a repayment demand of benefits received.

Applicant Signature _____ Date _____

Verbal/taped affirmation if signature not possible: VSO Signature _____ Time _____ Date _____

Date/Time Received

Staff Signature/Date

Description of what caused financial crisis:

Applicant remarks:

Proof of Identity Attached (Current State or Government Issued ID) Yes No
DD-214, NGB-22 attached or other documentation? Yes No

Date Received

Received by

Approval Date

Signature

Please return completed applications with attachments to:

Eaton County Veteran Services
Attn: Tom Lewis
1045 Independent Blvd.
Charlotte, MI 48813

Electronic submissions can be sent to tlewis@eatoncounty.org

Questions may be directed to Tom Lewis (517) 543-3740