

WEST MICHIGAN VETERANS ASSISTANCE PROGRAM

Please fill out the attached form completely!

PLEASE NOTE: Our program, food pantry and pet pantry are under our program rules and regulations. If we find you to be deceitful or fraudulent, any request by you will be denied and you will no longer be eligible for services from WMVAP.

Please initial that you have read this- _____

In order to be considered for emergency assistance today, you **MUST** have the following information:

- Veteran **MUST** have 180 days of Active Duty this also pertains to Reserves who have participated in Reserve status but HAVE NOT seen Active Duty
- A copy of your DD214 which is legible and unaltered. No one will be seen without a DD214
- Must be Honorable or Medical Discharge You must have proof your discharge was medical
- You must show some type of pictured ID. Drivers License, State ID, Veteran ID Passport
- Veteran must request assistance in person (face to face interview). **NO** requests via fax or email.
- Veteran **MUST** reside in Allegan, Barry, Kent, Ionia, Muskegon or Ottawa County.
- Request forms need to be filled out completely.
- If you are requesting assistance for a vehicle repair or car insurance you must provide a copy of Insurance and title is in your name. You must also provide two estimates
- Veteran asking for assistance for utility bills must reside at the address on the bill. Wife's name will be approved with a copy of a marriage license
- There is a 5-time lifetime assistance for utility bills and 5-time lifetime assistance for rent
- Rapid bus passes are at the discretion of the board.

WMVAP WILL NOT PAY FOR THE FOLLOWING-

Cable TV, Internet Services, Phones, legal fees such as attorneys, tickets, child support issues, divorces, storage units, rental trucks or hotels.

Under no circumstances will cash or checks be directly issued to the veteran

If we feel you are under the influence of drugs or alcohol, we have the right to refuse help to you that day.

West Michigan Veterans Assistance Program is a non-for-Profit Program. We are NOT affiliated with the Department of Veterans affairs.

Each request will be looked at with Compassion!

Thank you for your service!

Date: _____ DD214 Yes No

Name: _____ SSN _____

Address: _____

Phone Number: _____ Cell: _____

Branch of Service: _____ Years: _____

Total Amount of your request today: _____

What do you need this money for: _____

What is the reason? Homeless, lost job, etc. _____

Are you employed? Yes No

If employed, where? _____

Current Household Income: _____ Are you married? Yes No

Spouse or significant other's income: _____

Does anyone in the household receive Food Stamps? Yes No If so how much? _____

How many live in your home? _____ Ages: _____

Are you receiving money from the VA? Yes No If so how much? _____

Are you receiving money from Social Security? Yes No If so, how much? _____

Are you receiving any Tribal money? Yes No If so how much? _____

Please fill in your monthly bills below:

Rent Amount \$ _____ Of this amount what do you pay? _____

Mortgage \$ _____ Heat \$ _____

Electric \$ _____ Insurance \$ _____

Phone \$ _____ Child Support \$ _____

Cable & Internet \$ _____ Car Payment \$ _____

TO BE FILLED OUT BY COMMITTEE:

Date: _____

Authorized / Denied

Reason for Denial: _____

Check # _____

Check # _____

Check # _____

Check # _____

Board Members:

