



Forgotten Eagles Inc. Emergency Assistance Allocation Brief

Temporary Assistance granted by Forgotten Eagles Inc. Chapters for Emergency Needs of Hardships are available. Honorably Discharged Veterans of the Military whom reside in the State of Michigan for 6 months or longer must possess a Valid/Current Michigan Drivers License or State Identification.

Forgotten Eagles Inc. Can not provide assistance with long term problems or chronic financial difficulties. To apply for temporary assistance, they must apply through a Veterans Service Officer or equivalent in the county which they reside in. The information is listed on our website along with contact information of each Chapter's Allocation Officer. All applications are investigated, deliberated and decided in confidence. The decision of the Chapter vote is final.

Applications sent to multiple chapters, applications will be Flagged as SPAM and request will be DENIED!

General Definition of Need

When eligible applicants are unable to temporarily provide for basic necessities of life without causing a hardship, a possible grant from Forgotten Eagles Inc. exists. The assistance must be essential and NOT for the relief of an inconvenience, or the purchase of a want or desire. The key factor in determining whether or not the assistance is justified, is the ability to manage their obligations which aid is requested after the grant is approved. The Veteran must have a long term plan to show that after the grant, they will be able to manage their obligations without further assistance. Forgotten Eagles Inc. has limited financial resources each year to help. We take great care to ensure that these resources are expended wisely and where they will help the Applicants must have demonstrated the ability to resolve the emergency or hardship through reasonable means or demonstrated the ability to pay a portion of the debt prior to applying for assistance.

Basic Eligibility

To be eligible for assistance you must be a legal resident of the State of Michigan for a minimum of 6 months or more. You must have a valid Michigan Drivers License or Michigan State ID showing your current address. The Veteran must have been discharged under Honorable Conditions. If the Veteran was separated as the result of an "In The Line of Duty Injury" causing Disability, please provide all documentation unless it is shown on the DD-214. If the DD-214 shows General Under Honorable Conditions or your time is less than 180 days, the Chapter may require more information as to why you did not complete your Contract of Enlistment.



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The following items are needed for Emergency Assistance Applications

Important – Only contact our Allocations Officer when you have obtained all of the items on the list. Incomplete applications may not be presented to the board for a vote.

1. Copies of applications you submitted to other agencies (we want to know who you have asked for help thru and to show you are not duplicating your requests), most of the Non Profit Organizations communicate to each other to verify this. Failure to show this may result in a denial.
2. Proof of Honorable Active Duty Service. (DD-214, Report of Separation etc. (Must be legible).
 - a. Veteran must have served 180 days Active Duty or provide documentation as to why this was not met.
3. Michigan Drivers License or Michigan State ID
4. Death Certificate of the Veteran (If Family is requesting)
 - a. Marriage License or Certificate (required)
 - b. Dependent Child must be under the age of 18
 - Under the age of 23 still in college or
 - Adult considered Disabled prior to age 18
 - Living in the same household
5. Printed Verification of all sources of income to include Spouse and Child
 - a. To include SSI, SSD, and Food Stamps
 - b. Paystubs can not be more than 30 days old.
 - c. If receiving VA Pension, please provide VA Letter showing current pension amount
6. Copy of all Monthly Bills (Note: Food and car fuel are exempt)
7. If Renting, please provide a Completed Rental Agreement Statement from the Landlord
 - a. Renting from a family member or relative is not a qualified Allocation
8. Copy of Eviction Notice
9. Copy of Shutoff Notice
10. Propane Estimate
11. Car Repair Estimate (Only if this is your only mode of Transportation)
 - a. 2 Repair Estimates Required
 - b. Vehicle Registration and must be in the Veterans Name
 - c. Proof of Insurance – Current and in the Veterans name



FORGOTTEN EAGLES INC.

www.forgotteneagles.org



The information you provide below and subsequent pages is used to determine if you are eligible for **EMERGENCY ALLOCATION** funds from Forgiven Eagles Inc. Disclosure is voluntary, however if information is not furnished your eligibility may be affected. The responses you submit are confidential and protected from unauthorized disclosure.

SECTION I - PERSONAL INFORMATION (Fill out COMPLETELY! Place a N/A in the space if Not Applicable)

Last Name:		First:	Middle:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Marital status (circle one)	
				<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Single / Mar / Div / Sep / Wid	
Email:				Michigan Drivers License #			
Type of Discharge	DD-214 is Required for review	Copy of DD-214 Received		Birth date:		Age:	Sex:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /			<input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			City, State:		Zip:		
Home#:			Work#:	Cell#:			
Place of Employment:			Address:	City:	State:	Zip:	
Spouse Name:			Home#:	Work#:	Cell#:		
Spouse's Place of Employment:			Address:	City:	State:	Zip:	

SECTION II - DEPENDENT INFORMATION

Name	Relation	DOB	Age	In School
_____				Y/N
_____				Y/N
_____				Y/N
_____				Y/N
_____				Y/N
_____				Y/N
_____				Y/N

SECTION III - HOUSEHOLD INFORMATION

List all persons receiving income from employment.

Name	Source of Income	Frequency	Amount
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____

SECTION IV - OTHER INCOME INFORMATION

Fill out COMPLETELY, Place N/A in space if Not Applicable

Monthly Income Sources	Applicant	Spouse	Combined Monthly Income
VA	\$	\$	\$
Social Security	\$	\$	\$
Disability	\$	\$	\$
Unemployment	\$	\$	\$
Spousal/Child Support	\$	\$	\$
Rental Property Income	\$	\$	\$
Investment Income	\$	\$	\$
Interest Income from investments	\$	\$	\$
Room Rental/Boarder	\$	\$	\$
Pension Plans	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$

PLEASE LIST ANY ADDITIONAL INCOME ON THE BACK OF THIS APPLICATION

UNEMPLOYMENT: If you do not have monthly income, please explain how you take care of your monthly expenses.

(Please attach supporting documentation explaining the circumstances)

SECTION V - MONTHLY LIVING EXPENSES

SECTION VI - ASSISTANCE INFO

Monthly Expenses	Applicant/Head of Household	Service Officer helping you	Service Organization
Mortgage/Rent	\$		
Home Phone	\$	Phone	Email
Cell Phone	\$		
Electric	\$	Amount Requested	
Water	\$	\$	
Gas	\$	SECTION VII - FINANCIAL HARDSHIP INFORMATION Describe in detail the reasons for the current hardship on a separate sheet and include your plan to recover (REQUIRED)	
TV (satellite, cable, etc.)	\$		
Car Insurance	\$		
Car Payment(s)	\$		
Fuel for Vehicle(s)	\$		
Homeowner/Renters Insurance	\$	SECTION VIII - FE APPROVAL SECTION	
Food	\$	ALLOCATION COMMITTEE RECOMMENDATION	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	IF NO, REASON:	
Other	\$	FE ALLOCATION APPROVAL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total:	\$	IF NO, REASON:	

PLEASE LIST ANY ADDITIONAL MONTHLY EXPENSES ON THE BACK OF THIS APPLICATION

I certify under penalty of perjury that the information on this form is true to the best of my knowledge. If any information is incorrect, benefits may be reduced or denied and I may be subject to criminal prosecution or disqualified from the program for knowingly providing incorrect or false information or hiding information.

APPLICANT / GUARANTOR SIGNATURE: _____ DATE/TIME _____