Assistance Application

Contact Information

Name:_____
Street Address:_____
City. State, Zip:_____
Home Phone:_____
Cell / Work:_____
Email Address:_____

Proof of Service

Please indicate which form of verification was used;

____DD214 Discharge Type: _____
____Military ID *(Honorable / General Under Honorable Conditions)*
____Other

Assistance Requested

What type of assistance is being requested; Make necessary notes in the right column

____House / Rent Payment
____Heating / Utility Expense: *(example DTE or Consumers Energy)*
____Item Request: *(example: Tires, Roof Repair, Food, Gas, or Transportation*
____Other
Please attach copies of bills to be paid.

Family/ Employment Status

Family Status: ___Married____Divorced____Single____Widowed____# of Dependents
(must be living with applicant)
Employment Status: ____Full Time ____Part Time____Unemployed____Retired____Disabled

Committee Visit Observations

Please summarize observations made by visit with applicant

_____
_____
_____

Date of Application:_____