

COVID-19 EMERGENCY RELIEF APPLICATION

COUNTY VETERAN SERVICE FUND GRANT COVID-19 EMERGENCY FINANCIAL RELIEF

To provide emergent financial relief to wartime and peacetime veterans, servicemembers, dependents or survivors for vehicle repairs, utilities, home repairs, childcare if the veteran is deemed an essential worker, lodging/housing assistance, medical expenses, and food/personal care assistance. The emergent relief must be to meet a necessity of daily life and not for the relief of an inconvenience or the purchase of a want or desire.

Eligibility:

- Honorable or General Under Honorable Conditions discharge from the United States Army, Navy, Marine Corps, Coast Guard, Air Force, National Guard, Reserves or women's auxiliaries.
- Resident of Oakland County

For full eligibility rules and instructions please visit.

<https://www.oakgov.com/covid/grants/Documents/Veterans/Procedures.pdf>

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Application ID

Veteran's Information

Name: *

SSN: *

DOB: *

 

Deceased: *

Yes No

Applicant Information

Name of Applicant:
(if other than veteran)

Relationship:

Applicant SSN:

Proof of Relationship:
Birth Certificate or Marriage License

Email Address: *

Verify Email: *

Phone Number: *

Home Address: * Street Address

Address Line 2

City

State

Postal / Zip Code

Proof of Residence: *
Michigan Driver's License or Michigan State ID

Dependents

List each legal dependent of the veteran in household. Click "Add" for an additional set fields for each dependent.

Name:

Relationship:

DOB: 

Custody: Yes No

Add

Other People Living in Household

Name:

Relationship:

DOB: 

(If Child)

Amount: \$

Amount Contributed to Household Expenses

Add

Proof of Service

Branch Of Service: *

Character of Separation: *

Entry Date: * 

Release Date: * 

**Attach DD-214 or
Equivalent: ***

Upload

Employment

Currently

Yes No

Employed: *

Current Monthly Family Income

Type: *

Amount: *

\$

Add

Total Income:

\$

Current Monthly Family Expenses

Type: *

Amount: *

\$

Add

Total Expenses:

\$

Assets

If no Assets put in \$0 amount in the "Other" type category.

Type: *

Amount: *

\$

Add

Total Assets: \$

Debts

If no Debts put in \$0 amount in the "Other" type.

Type: *

Amount: *

\$

Add

Total Debts: \$

Amount Requested: * \$

Reason: *

- Food
- Transport
- Medical
- Housing
- Utilities
- Other

Supportive Documents:

Upload

Receipts, Bills, Estimates, Etc

Applicant's Reason/Explanation: *

By signing I certify that the above statement is true to the best of my knowledge. I also authorize the Oakland County Veterans Services to receive and transmit any information that may be necessary for my request for financial assistance.

Signature *

Sign



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reCAPTCHA
Privacy - Terms

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