



**AMERICAN LEGION DEPARTMENT OF MICHIGAN
DEPARTMENT EMERGENCY AID FUND
APPLICATION FOR ASSISTANCE**

Must be Completed by Department DVSO

YOU MUST BE A WAR TIME VETERANS TO BE ELIGIBLE FOR ASSISTANCE

Date _____

This fund is to be used for **SHORT TERM** problems only

Veteran's Name: _____ Social Security _____

Address _____ Service # _____

City _____ State _____ Zip Code _____ Date of Entry _____

Phone _____ Date of Discharge - _____

Occupation _____ Branch of Service _____

Disability _____ Type of Discharge - _____

Are you In Receipt of VA Benefits? _____ Are You a War Time Veteran? _____

Date of Birth _____

Spouse's Name _____ Childs Name _____ Age _____

Does Spouse Live With You? _____ Childs Name _____ Age _____

Occupation _____ Childs Name _____ Age _____

Is She Currently Employed? _____

Is She A Veteran? _____ Do All Children Live with You? _____

Is She Receiving VA Benefits? _____ Disability _____

Have You Sought Other Assistance? _____

Where ? _____

Documents Needed:

DD-214 - Marriage License - Birth Certificates (All Children)



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Reason For Emergency Aid Fund Assistance?

Amount Requested: Amount Approved: Up To and Cannot Exceed \$225.00
\$ _____ \$ _____

Signature of Person to Whom Check is Payable:

Signature of Department Service Officer

Signature of Department Adjutant

Date _____

Date _____