



MICHIGAN BIKERS HELPING VETERANS

www.supportmiveterans.org

The information you provide below and subsequent pages is used to determine if you are eligible for funds allocated by the MBHV. 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

Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Email:				Social Security #			
Type of Discharge	Notice: If Veteran a DD-214 is required	Copy of DD-214 Received <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth date:		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
				/ /			
Street address:			City, State:			Zip:	
			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

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	
TV (satellite, cable, etc.)	\$		
Car Insurance	\$		
Car Payment(s)	\$		
Fuel for Vehicle(s)	\$		
Homeowner/Renters Insurance	\$	SECTION VIII - MBHV APPROVAL SECTION	
Food	\$	ALLOCATION COMMITTEE RECOMMENDATION	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	IF NO, REASON:	
Other	\$	MBHV 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.

PATIENT/GUARANTOR SIGNATURE: _____ **DATE/TIME** _____