



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

Required Information: if no information is available use N/A in the boxes

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:				Drivers Lic. / State:			
Type of Discharge	Notice: If Veteran a DD-214 is required	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

Required Information: if no information is available use N/A in the boxes

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

SECTION III - HOUSEHOLD INFORMATION

Required Information: if no information is available use N/A in the boxes

List all persons that contribute to the Bills receiving income from employment.

Name	Employer	MONTHLY NET AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
REQUIRED INFORMATION - TOTAL MONTHLY AMOUNT →		\$ _____

SECTION IV - OTHER INCOME INFORMATION

Required Information: if no information is available use N/A in the boxes

Monthly Income Sources	Applicant/Head of Household	Spouse
VA	\$	\$
Social Security	\$	\$
Disability	\$	\$
Unemployment	\$	\$
Spousal/Child Support	\$	\$

SECTION IV - OTHER INCOME INFORMATION CONT. Required Information: if no information is available use N/A in the boxes

Monthly Income Sources	Applicant/Head of Household	Spouse	
Rental Property Income	\$	\$	
Investment Income	\$	\$	
Room Rental/Boarder	\$	\$	
Pension Plans	\$	\$	
Other Income	\$	\$	
SECTION III TOTALS Do Not Leave Blank	\$	\$	↓ Combined Monthly Income ↓ Do Not Leave Blank
SECTION III & IV TOTALS Do Not Leave Blank	\$	\$	\$

↑ **Combine Section III & Section IV Totals Above** ↑

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

SECTION V - MONTHLY LIVING EXPENSES Required Information: if no information is available use N/A in the boxes

Monthly Expenses	Applicant/Head of Household	Monthly Expenses	Applicant/Head of Household
Mortgage/Rent	\$	Other: Please List	
Home Phone	\$	Other: Please List	
Cell Phone	\$	Other: Please List	
Electric	\$	Other: Please List	
Water	\$	Expenses Total: Do Not Leave Blank	
Gas	\$		

SECTION VI - FINANCIAL HARDSHIP INFORMATION

Describe in detail the reasons for the current hardship

TV (satellite, cable, etc.)	\$		
Car Insurance	\$		
Car Payment(s)	\$		
Fuel for Vehicle(s)	\$		
Homeowner/Renters Insurance	\$		
Food	\$		
Child Care	\$		
Spousal / Child Support	\$	Amount Requested	← REQUIRED INFORMATION
Other: Please List	\$	\$	← REQUIRED INFORMATION

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

SECTION VII - ASSISTANCE INFO (other organizations you contacted and asked for help)

Organization, Contact Name, Phone Number, Email:

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Organization, Contact Name, Phone Number, Email:

NOTICE: Failure to disclose truthful information could cause a disqualification for assistance.

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 _____