

**Please Mail To:**  
Department of Military and Veterans Affairs  
State Operations  
Reserve Forces Service Center  
3423 North Martin Luther King Blvd.  
Lansing, MI 48906  
Attn: Military Family Relief Fund

**MICHIGAN MILITARY FAMILY RELIEF FUND APPLICATION**

**MILITARY MEMBER'S INFORMATION** –attach a copy of deployment orders

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Station Unit of Assignment: \_\_\_\_\_

Is member married? \_\_\_\_\_ If not, does member have dependents/family in DEERS? \_\_\_\_\_

**APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Relationship to military member: \_\_\_\_\_

**MILITARY UNIT POINT OF CONTACT FOR VERIFICATION**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Kathy Enderle  
enderlek@michigan.gov  
517-481-7646

EXPENSE	AMOUNT	DESCRIBE AND ATTACH COPIES OF BILLS, INVOICES, ESTIMATES RECEIPTS
Food/clothing:	\$ _____	_____
Rent/mortgage:	\$ _____	_____
Utilities:	\$ _____	_____
Medical services/prescriptions:	\$ _____	_____
Insurance:	\$ _____	_____
Vehicle payments:	\$ _____	_____
Vehicle repairs:	\$ _____	_____
Day Care Expenses:	\$ _____	_____
Home Repairs:	\$ _____	_____
Other:	\$ _____	_____

**LIST ITEMS YOUR REQUESTING ASSISTANCE WITH:**

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

**Please Complete the Following:**

1. Military member's monthly civilian salary (attach copy of pay stub): \$ \_\_\_\_\_
2. Military member's monthly military salary (attach copy of pay stub): \$ \_\_\_\_\_

**NEED BASED GRANT -- UP TO \$2,000**

The Adjutant General may waive the requirements in emergency cases, when accompanied by a written request indicating the circumstances justifying such a waiver.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

*I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application. I authorize the State of Michigan and the Michigan Department of Military & Veterans Affairs access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form, including social security numbers, is voluntary. Failure to provide the requested information, however, will prohibit the processing of this grant application. In accordance with applicable laws, the State of Michigan and the Michigan Department of Military & Veterans Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.*

Authority: 2004 PA 363 & 364  
 Compliance: Voluntary, but a grant will not be approved unless complete form is submitted.