

Date: 12/27/2021



Office Approval
Committee Date

Veteran Assistance Programs Application

Application #: 22-02
Social Security #:
Applicant's Name: D E B
Address: Homeless
City, State, Zip: Howell MI 48843
Home/Cell Phone: -
Email:
Birth Date: 6/25/1993
Type: Veteran
Are you currently enrolled in VA Healthcare System? Yes
Are you Service Connected? 90%
Discharge Type: Honorable Discharge
Branch: Army
Active From: 5/22/2012 To: 10/24/2019
Wartime or Peacetime: Wartime

Household Information

Name: S J B Relationship: Spouse
Birth Date: 08/20/1994
Name: I G B Relationship: Minor Child
Birth Date: 07/06/2010
Name: D V B Relationship: Minor Child
Birth Date: 12/15/2012
Name: C E B Relationship: Minor Child
Birth Date: 08/15/2014
Name: L M B Relationship: Minor Child
Birth Date: 01/24/2016
Name: A R B Relationship: Minor Child
Birth Date: 07/20/2017
Name: O G B Relationship: Minor Child
Birth Date: 12/26/2018
Name: T B B Relationship: Minor Child
Birth Date: 08/20/2020
Name: L L B Relationship: Minor Child
Birth Date: 10/28/2021

VRF History:

\$150 food voucher.

Employment Information

Applicant

Employer Name: None
Address:
City, State, Zip: MI
Phone #:

Spouse

Employer Name: None
Address:
City, State, Zip: MI
Phone #:

Veteran Assistance Programs Application – *Continued*

Net Monthly Income

VA	\$ 2,868.52		
EBT	\$ 1,173.00		
		Total:	\$ 1,695.52

Deductions

Total deductions: \$ 0.00

Income threshold
(based on household size): 8- \$55,831

Total net monthly income: \$ 1,695.52

Total net annual income: \$ 20,346.24

Expenses

Cell / Home Phone	\$ 150.00		
Car Payments	\$ 495.00		
Auto Insurance	\$ 150.00		
Groceries	\$ 1,173.00		
Gasoline	\$ 100.00		
Credit Card	\$ 300.00		
		Total:	

Vehicles

Make	Model	Year	Financed?
Honda	Pilot	2011	Financed

Home Equity

Home Resale Value	Mortgage Balance	Home Equity
		Total: \$ 0.00

Assets (Estimated Totals)

Checking			
Savings			
		Total:	\$ 0.00

Debts (Estimated Account Balances)

Credit Cards	\$ 2,100.00		
		Total:	\$2,100

Veteran Assistance Programs Application - *Continued*

Describe the type and amount of assistance requested:

<i>Type</i>	<i>Amount Requested</i>	<i>Description</i>
Housing-Hotel		ER shelter @ the Baymont not to exceed 2/1/22

Notes:

As of today 1/14, Jamar confirmed that they have been approved for SSVF and that approval for assistance with the house they found is pending but seems promising.

For Office Use Only

Assistance Information

<i>Type</i>	<i>Amount Requested</i>	<i>Amount Approved</i>	<i>Voucher #</i>			<i>Notes</i>
Housing-Hotel			22	01		Baymont

Is the Veteran Wartime or Peacetime:

Comments:

Counselor Signature

1/5/2022

Date

Director Signature (if applicable)

Date