



### MPVA Membership Grant Application Form

Thank you for your interest in receiving financial support from the Michigan Paralyzed Veterans of America (MPVA)'s Membership Grant. In order for the MPVA to determine if you will receive any support, please complete the following Application as completely as you can. Incomplete applications may delay the application review process. Upon completion, submit the application to the office of MPVA for review. Applications can be submitted to: [jkochis@michiganpva.org](mailto:jkochis@michiganpva.org) or via mail to the MPVA at: 46701 Commerce Center Drive, Plymouth, MI 48170.

#### A. Applicant Contact Information

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Primary Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Alternative Phone: \_\_\_\_\_

Email: (if applicable) \_\_\_\_\_

#### B. Guardian Information (if applicable)

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Primary Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Alternative Phone: \_\_\_\_\_

Email: (if applicable) \_\_\_\_\_

### C. Eligibility

1. Are you disabled within the meaning of the Americans with Disabilities Act of 1991 or the Fair Housing Act of 1988, as amended? ☐ Yes ☐ No

If so, please provide a description of your disability and how it affects your lifestyle. Please also provide medical evidence of the current physical or mental disability. Medical records or medical opinions are required to establish this relationship.

---

---

---

---

---

2. Are you an honorably discharged veteran of the United States armed forces? ☐ Yes ☐ No

*If so, please provide copies of discharge or separation papers (DD214 or equivalent)*

3. Is your disability service connected through the Veterans Affairs Agency? ☐ Yes ☐ No

### D. Financial Information

**\*\*NOTE: Financial Information only needs to be filled out for requests over \$500.00. If you are requesting support over \$500.00 and are unable to provide any financial information below please email [chapterhq@michiganpva.org](mailto:chapterhq@michiganpva.org) to further explain.**

Total Annual Household Income: \$ \_\_\_\_\_ (attach a copy of your most recently completed and filed Federal tax return(s))

Total Balance of Savings and Bank Accounts: \$ \_\_\_\_\_ (attach most recent statement)

Real Estate Owned Value: \$ \_\_\_\_\_ (attach most recent tax assessment)

Mortgage Balance: \$ \_\_\_\_\_ (attach most recent payment statement)

### **E. Applicant Demographic Information**

The following information will be used solely for reporting purposes, and will not, in any way, be used to give preference to certain applicants. Any personal identification will be kept confidential. Failure to provide this information will not adversely affect an applicant's eligibility.

**Gender:** ☐ Male ☐ Female      **Age:** \_\_\_\_\_

#### **Race, Ethnicity, or Origin:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic, Latino, or Spanish Origin       |
| <input type="checkbox"/> Middle Easter or North American  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White                            | <input type="checkbox"/> Other Race, Ethnicity, or Origin          |

#### **Assurance of Accuracy of Statements and Disclosure of Change of Status:**

I hereby certify that I have reviewed the program guidelines, and that to the best of my knowledge, the information provided above is true and accurate.

I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give MPVA any information about me, and I waive any privilege which makes the information confidential.

I also understand that MPVA may request further documentation or evidence to verify or confirm information provided in the application if necessary.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Power of Attorney Signature (if applicable)

\_\_\_\_\_  
Date