

**Minnesota Veterans Assistance Fund (MVAF)
The Minnesota American Legion Foundation**



The MVAF application must be completed by an American Legion Post.

POST INVESTIGATOR

Post investigator name: _____
 Investigator's role at the Post: _____
 Investigator Phone: _____
 Investigator Email: _____
 Post Number: _____
 Post Address: _____ City: _____
 State: ____ Zip Code: ____
 Do you consent to your name being published regarding helping veterans with the MVAF application?
 ____ Yes ____ No
 I have read the MVAF Application Instructions on the American Legion Dept. of MN [website](#) before
 moving on to the next section. ____ Yes ____ No

VETERAN

Full Name: _____
 SSN: _____ DOB: _____ Phone: _____
 Street Address: _____ City: _____
 State: ____ Zip Code: ____
 Characterization of military discharge: _____
Copy of official DD Form 214 must accompany this application.
 Employment Status:
 ____ Full-time ____ Part-time ____ Laid-off ____ Workers' Compensation ____ Unpaid Leave
 ____ Unemployed
 Is the Veteran, Veteran's Child(ren), or deployed service member's family eligible for the MVAF?
 ____ Yes ____ No If yes, make an appointment to meet with the family at their residence to complete
 the application if possible.

CHILDREN

Full Name: _____ Age: ____
 Full Name: _____ Age: ____
 Full Name: _____ Age: ____
 Full Name: _____ Age: ____
 Full Name: _____ Age: ____
 Are both parents living in the home? ____ Yes ____ No
 Which parent is absent? ____ Mother ____ Father ____ Other ____ N/A
 Reason for absence: ____ Divorced ____ Deceased ____ Deployed ____ Separated ____ Other ____
 Does the child(ren) reside in the home full-time? ____ Yes ____ No
 Who has legal custody of the minor child(ren)? _____

OTHER PARENT OR GUARDIAN

Full Name: _____
 ____ Mother ____ Father ____ Other ____
 DOB: _____
 Street Address: _____ City: _____

State: ____ Zip Code: _____

2

Employment Status: ____ Full-time ____ Part-time ____ Laid-off ____ Workers' Compensation

____ Unpaid Leave ____ Unemployed

FINANCIAL INFORMATION

Monthly Net Income		Monthly Expenses	
Earnings Veteran		Mortgage/Rent	
Earnings of Other Parent/Guardian		Utilities	
Earnings of Other Adults in the Home		Auto Note, Insurance & Gas	
VA Pension/Disability		Phone	
Social Security		Groceries	
Child Support		Child Support	
Other Income		Other Expenses	
Total		Total	
Remaining			

POST INVESTIGATOR'S REPORT

1. Detailed description of the applicant's situation and steps they've taken to improve it.

2. Document follow-up steps to help the veteran by the Post, District, and or Post Investigator.

3. What specific monthly expense(s) listed above does the veteran need help paying? Skip to number 4 for auto repair. A current bill or lease agreement must be attached for consideration.

4. Detailed automobile expense description. Complete only if auto repair is needed.

Make and Model _____ Current Mileage _____ Year _____

Kelly Blue Book Value \$ _____

If auto repair is needed, a shop estimate must be attached.

This section must be completed, it is important to ensure all resources are exhausted before using MVAF

Source	Date Applied	Status			Amount Approved/Explanation of Ineligibility, Denial
		Approved	Denied	Pending Ineligible	
Post, Unit, or Squadron					
County Veterans Service Officer (CVSO)					
VA Pension/Disability					
Social Security Disability					
Supplemental Security Income					
Medicaid (MA)					
Public Assistance					
Unemployment					
Private Charities					
Supplemental Nutrition Assistance Program (SNAP)					
Women, Infant & Children (WIC)					
Minnesota Dept. Veterans Affairs (MDVA)					
Beyond the Yellow Ribbon (BYR)					
Other					

ATTACHMENTS

The following are attached with the MVAF Application:

- DD Form 214 and orders, other proof of service or eligibility
___ Yes ___ No
- Official photo ID, driver's license, state, military, or VA.
___ Yes ___ No
- Birth Certificates for child(ren)
___ Yes ___ No ___ N/A
- Custody/Guardianship Documentation
___ Yes ___ No ___ N/A
- Marriage/Divorce Documentation
___ Yes ___ No ___ N/A
- Current bills or notices for expenses that the veteran is requesting MVAF to pay. Bills *not* included will not be considered. Cell phone bills that include multiple lines or numbers must include clarification regarding which line is the veteran's. MVAF will not cover additional lines. ___ Yes ___ No ___ N/A
- Auto repair estimate. Estimates *not* included will not be considered.
___ Yes ___ No ___ N/A

Bills submitted must be current and clearly include the billing address and phone number.

Bills may be submitted via mail or email as PDFs, scans, copies, or photographs from a cell phone. The application and supporting documents must be submitted as one complete package.

SIGNATURES
Post Investigator

I certify that I conducted the above investigation and that the applicant has exhausted all other forms of known assistance.

Printed Name: _____

Signature: _____ Date: _____

Applicant

I certify that the information in this application is true and current to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____

Privacy Notice The information collected for the MVAF application is confidential and will be used for grant purposes only. The American Legion Department of MN does not share personal information; however, this application is subject to oversight for audit purposes by the MN American Legion Foundation, the MVAF's governing body.

DEPARTMENT

This section is to be completed by The American Legion Department of MN staff only.

I have thoroughly reviewed the application and recommend the following:

____ Denial

____ Approval Total \$ _____

The MVAF will cover the following bills or expenses:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____
6. _____ \$ _____
7. _____ \$ _____
8. _____ \$ _____

Comments: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Case Number _____

Date Application Received _____

Date Application sent to Foundation _____

Grant Previously Awarded \$ _____