



Downriver for Veterans-Vetting Form

Name _____

Address _____

Phone number _____

E-mail _____

1. Branch of service _____
2. Years served _____
3. Where were you stationed _____
4. Were you in a combat zone _____
5. Are you disabled through the VA _____
6. Percentage of disability _____
7. Pension from other _____
8. Retirement pension _____
9. Do you collect SSDI? _____
10. Do you get hudvash or section 8 _____
11. Do you know about food pantries _____
12. Do you get food stamps _____
13. Do you get Medicare or Medicaid _____
14. How many in your household _____
15. Spouse income or roommate _____
16. Utilities, cable, DTE, Electric costs _____
17. Car payment and insurance costs _____
18. Mortgage or rent payments _____
19. Are you able to work _____
20. Are you registered at Mich works _____

What brings you to DFV

How do you plan to pay it forward?

This is a one-time assistance when it comes to monies needed

Signature _____

Print Name _____

Date _____ Do you qualify: YES _____, NO _____