

# Indiana National Guard Relief Fund

## Application Form



# INDIANA NATIONAL GUARD **RELIEF FUND**

### **Mission Statement:**

*"To provide emergency assistance and relief to members of the Indiana National Guard and their families who are undergoing periods of personal or financial distress due to a period of mobilization or other military duty"*

Contact your local Family Assistance Specialist at the below website for assistance in filling out the application.

Visit: <https://www.in.ng.mil/> for more information

## Indiana National Guard Relief Fund (INGRF) Overview

Overview:	
<p>The Indiana National Guard Relief Fund is a private, non-profit, tax exempt corporation. It is not an Army or Department of Defense organization. Funds are not for use by the Army and the government cannot dictate the use of funds. Our mission is accomplished by giving funds to service members and their families for limited financial relief.</p>	
Stipulations:	Who is Eligible?
<ul style="list-style-type: none"> <li>• Meet eligibility requirements</li> <li>• Submit written application packet</li> <li>• Provide required documents</li> <li>• <b>Note: This is NOT an emergency relief fund (approximate processing time is 30 days)</b></li> </ul>	<p>Indiana Army or Air National Guard Service Members (SM) in good standing are eligible to apply.  <i>(*Eligibility to apply does not guarantee a grant award. Application packet must prove a financial hardship related to deployment or unexpected event(s) beyond his or her control)</i></p>
Two Different Fund Types:	
Deployment Hardship Grant	National Guard Hardship Grant
<ul style="list-style-type: none"> <li>• Up to \$10,000 (Max)</li> <li>• Deployment in support of current wars</li> <li>• Eligible <b>Title 10 or 32</b> duty status</li> <li>• Provide a financial hardship related to deployment</li> <li>• Member in good standing</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$5,000 (Max)</li> <li>• Any duty status is eligible to apply</li> <li>• Prove an unexpected financial hardship beyond his/her control</li> <li>• Member in good standing</li> </ul>
Eligible Areas of Assistance (including but not limited to):	Ineligible Areas of Assistance (including but not limited to):
<ul style="list-style-type: none"> <li>• Non-receipt of pay</li> <li>• Loss of income</li> <li>• Medical, dental, &amp; hospital expenses</li> <li>• Clothing</li> <li>• Utilities</li> <li>• Fire or other disasters</li> <li>• Essential private owned vehicle</li> <li>• Unexpected repairs</li> <li>• Dependent funerals expenses</li> <li>• Rent/Mortgage payments</li> <li>• Food</li> </ul>	<ul style="list-style-type: none"> <li>• Divorce/marriage expenses</li> <li>• Lease or purchase of a vehicle</li> <li>• Ordinary leave</li> <li>• Continuing assistance (same hardship, multiple applications)</li> <li>• Bad checks</li> <li>• Liquidation or consolidation of debts</li> <li>• Business ventures or investments</li> <li>• Goods/items of convenience or luxury</li> <li>• Court fees, fines, judgments, liens, bails, legal fees, income tax, or child support</li> <li>• Civil suits/bankruptcies</li> <li>• Credit cards</li> <li>• Student loans/college tuition</li> <li>• Cell phone bills</li> <li>• Personal Loans</li> </ul>

**If Granted:** Checks will not be issued to the service member or family member. All checks will be made payable to the creditor/service provider directly

## **INGRF Application - Service Member Basic Information**

### ***Military Member's Information***

Name: _____ Birth Date: _____	
Home Address: _____	
City: _____	State: _____ ZIP: _____
Best Contact Phone: _____ Civilian Email: _____	
Rank: _____	SSN (last 4) _____
<b>Employment Status (pick one):</b> Employed: ____ Unemployed/Underemployed: ____	
Home station Unit of Assignment: _____	
Is Member married? ____ IF NO, does Member have a family member in DEERS? ____	

### ***Spouse's or Cohabiting Partner Information (or if other than military member)***

Name: _____ SSN (last 4): _____	
Mailing Address: _____	
City: _____	State: _____ ZIP: _____
Phone: _____	Relationship to Military Member: _____
<b>Employment Status (pick one):</b> Employed: ____ Unemployed/Underemployed: ____	

I/We **HAVE / HAVE NOT** (Circle One) previously applied for the National Guard Relief Fund grant.

#### **Type of grant Service Member (SM) qualifies for:**

- SM must have been mobilized and show a financial hardship caused by his/her mobilization or military service \_\_\_\_ **(Deployment)**
- SM must have incurred an unexpected financial hardship \_\_\_\_ **(Hardship)**

I verify that service member is in good standing with the unit and all necessary documentation is attached.

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

Position/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **INGRF Application – Expense Urgency Disclosure**

This page is intended to evaluate the Service Member’s (SM) current need and should be filled out as accurately as possible by the Family Assistance Personnel (FAS).

**Family Assistance Specialist:** \_\_\_\_\_

**Location:**\_\_\_\_\_

Which type of hardship(s) are you facing (check all that apply)?

- 1. Illness / Medical emergency:
- 2. Job Loss / Reduced compensation:
- 3. Family emergency / Death in family:
- 4. Natural disaster / Accident:
- 5. Other (please specify below):

\_\_\_\_\_

For each expense type, rate the **AVERAGE** urgency of your expenses **ONE** of the following (check one box per row):

- **1 – Less Urgent:** Due in a month or more
- **2 – Moderately Urgent:** Due in less than two weeks
- **3 – Extremely Urgent:** Due now (as of application date) or past due

	<b>Expense Type</b>	<b>1</b>	<b>2</b>	<b>3</b>
1	Medical / Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Rent / Mortgage Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Car Payments for Essential Vehicle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Funeral Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Insurance Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Unexpected Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Other (any eligible expense not covered in above categories)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **INGRF Application - Ineligible Expense Disclosure**

Is SM underemployed/unemployed **currently**?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If SM answers the above question as **NO**, please describe the ineligible expenses where current income is being spent. Ineligible expenses are listed on the first page of the application and the sheet below should only contain **major ineligible expenses** that constitute a **significant** portion of your current income/savings (i.e. student/personal loans, legal expenses/fees, *extra* homes/vehicles, travel expenses, cell/cable bills, etc.)

This is **REQUIRED** for the application review committee to determine eligibility for either Fund A or Fund B.

Note additional supporting documentation **IS NOT REQUIRED** for the expenses listed below at this point. However, INGRF **MAY REQUEST** additional documentation prior to fund approval if deemed necessary to make a fair evaluation of your application.

### **Budgeting Sheet for Ineligible Expenses:**

Expense Name	Brief Description	Recurring? (Yes/No)	Cost (\$)
<b>TOTAL</b>			\$

Please use the box below to add additional information/context to the above expenses. Using the space below is **optional but recommended**:

**Income:**

**INGRF Application - Eligible Expense Disclosure & Documentation**

Total SM civilian monthly income (after taxes; before deployment): \$ \_\_\_\_\_  
 Total Military monthly income (after taxes): \$ \_\_\_\_\_  
 Total Household monthly income (include spouse, roommates, etc.): \$ \_\_\_\_\_  
 Estimated total monthly living expenses: \$ \_\_\_\_\_

I (Printed Name) \_\_\_\_\_ am requesting a grant\* to pay for the following items:

\*All grant payments will be made to the service provider directly

**Bills:**

List bills in order of importance (overdue first). **Payment Address** of creditors MUST BE INCLUDED with bills

<b>Item</b> (Repair, Electric, Rent, etc.)	<b>Service Provider</b> (Company Name & Phone Number)	<b>Amount (\$)</b>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____

(Please use extra sheets if additional space if necessary) Total Amount Requested \$ \_\_\_\_\_

**Required Documents**

**Please initial to the left of each item below when each item is attached. Incomplete packets WILL NOT be accepted for review.**

	<b>(TAB A)</b> Attach a written statement or letter from a server member or family member (if member is deployed) describing the financial hardship that the grant will be used for. Please describe the circumstances that caused the hardship
	<b>(TAB B)</b> Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for
	<b>(TAB C)</b> Attach a copy of two of your most recent civilian paystubs (include spouse's if married)
	<b>(TAB D)</b> Attach a copy of two of your most recent military (LES) Salary
	<b>(TAB E)</b> Attach a copy of your most recent W-2s AND 1040 Tax Return
	<b>(TAB F)</b> Attach a copy of the mobilization or active duty orders issued by the authorized headquarters (ONLY if qualified and applying for Fund A)

	<b>(TAB G)</b> Attach a copy of the signed Financial Verification of Services form, and Employment Verification of Services form, if under or unemployed. Forms are included here.
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	<b>(TAB H)</b> Verification of meeting with Family Assistance Specialist
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**INGRF Application – Other Grant Disclosure & Acknowledgement**

1. Have you applied/are applying to other aid/grant programs relating to this specific hardship?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If the answer to the above question is **Yes**, please state ALL the organization name(s) and amount(s) requested/received?

Organization Name(s) \_\_\_\_\_

Amount Requested (\$) \_\_\_\_\_

Amount Received to date (\$) \_\_\_\_\_

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the Relief Fund and the INNG Joint Forces Headquarters 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 requested information, however, may prohibit the processing of this grant application, in accordance with applicable laws, the Relief Fund and the Joint Forces Headquarters will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law. **I also understand that if funds are granted, a photo of myself and my statement of appreciation may be kept on file for the purpose of documentation for donors to the INGRF.***

\_\_\_\_\_

*Applicant Signature*

\_\_\_\_\_

*Date*

INDIANA NATIONAL GUARD RELIEF FUND  
711 N. Pennsylvania St.  
Indianapolis, In 46204  
317-247-3300 ext. 85461  
Tax ID: 35-2143644

## Verification of *Financial Services Meeting*

Applicant's Name:

Financial Counseling Organization:

Financial Counseling Contact Information:

Name:

Phone:

Email:

**This is to serve as verification that** \_\_\_\_\_  
(Applicant name)

**met IN PERSON with** \_\_\_\_\_  
(Financial counselor name)

**on** \_\_\_\_\_.  
(Date)

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

\_\_\_\_\_  
*Financial Counselor Signature*

### **NOTICE TO APPLICANT:**

This is a REQUIRED form. Grant requests **WILL NOT BE** reviewed until this form is filled out, signed and returned to INGRF by your Financial Counselor or Family Assistance Personnel.



INDIANA NATIONAL GUARD RELIEF FUND  
711 N. Pennsylvania St.  
Indianapolis, In 46204  
317-247-3300 ext. 85461  
Tax ID: 35-2143644

## Verification of *Employment Services Meeting*

Applicant's Name:

Employment Services Organization:

Employment Services Contact Information:

Name:

Phone:

Email:

**This is to serve as verification that** \_\_\_\_\_  
(Applicant name)

**met IN PERSON with** \_\_\_\_\_  
(Employment Specialist name)

**on** \_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
*Employment Specialist Signature*

### **NOTICE TO APPLICANT:**

If you are unemployed/underemployed, this is a REQUIRED form. Grant requests **WILL NOT BE** reviewed until this form is filled out, signed and returned to INGRF by your Employment Specialist or Family Assistance Personnel.