

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 Soldier and Family Readiness Specialist (SFRS) for assistance in filling out the application.

Visit: www.inguardrelief.org 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"> • Meet eligibility requirements • Submit written application packet • Provide required documents • Note: This is NOT an emergency relief fund (approximate processing time is 30 days) 	<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"> • Up to \$10,000 (Max) • Deployment in support of current wars • Eligible Title 10 or 32 duty status • Provide a financial hardship related to deployment • Member in good standing 	<ul style="list-style-type: none"> • Up to \$5,000 (Max) • Any duty status is eligible to apply • Provide a financial hardship related to military duty • Member in good standing
Eligible Areas of Assistance (including but not limited to):	Ineligible Areas of Assistance (including but not limited to):
<ul style="list-style-type: none"> • Non-receipt of pay • Loss of income • Medical, dental, & hospital expenses • Utilities • Fire or other disasters • Essential private owned vehicle • Unexpected repairs • Dependent funerals expenses • Rent/Mortgage payments • Cell-Phone (Primary) 	<ul style="list-style-type: none"> • Divorce/marriage expenses • Lease or purchase of a vehicle • Ordinary leave • Continuing assistance (same hardship, multiple applications) • Bad checks • Liquidation or consolidation of debts • Business ventures or investments • Goods/items of convenience or luxury • Court fees, fines, judgments, liens, bails, legal fees, income tax, or child support • Civil suits/bankruptcies • Credit cards • Student loans/college tuition • Personal Loans

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

Service Member (SM) Information: BRANCH OF SERVICE: Army Air Force

Name: _____ Birth Date: _____ SSN (last 4): _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Personal Email: _____ Work Email: _____

Best Contact Phone: _____ Grade: _____ Rank: _____

SM Employment Status (pick one): Employed Unemployed/Underemployed

Home Unit of Assignment and City: _____

Marital Status: Single Married Divorced Legally Separated

Do you have a family member(s) in DEERS? Yes No

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

Name: _____ Birth Date: _____ SSN (last 4) _____

Mailing Address (if different than Service Member (SM)): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____ Relationship to SM: _____

Employment Status (pick one): Employed OR Unemployed/Underemployed

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

Type of grant Service Member (SM) qualifies for:

Deployment: SM must be currently mobilized and show a financial hardship caused by his/her mobilization or military service

Hardship: SM must have active NG member and have incurred an unexpected financial hardship

INGRF Application – Expense Urgency Disclosure

*** Work with your SFRS team to complete packet ***

Soldier and Family Readiness Specialist (SFRS): _____

Location: _____ **Phone:** _____

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

- | | |
|--|--------------------------|
| 1. Illness / Medical emergency: | <input type="checkbox"/> |
| 2. Job Loss / Reduced compensation: | <input type="checkbox"/> |
| 3. Family emergency / Death in family: | <input type="checkbox"/> |
| 4. Natural disaster / Accident: | <input type="checkbox"/> |
| 5. Military Related | <input type="checkbox"/> |
| 6. Other (please specify below): | <input type="checkbox"/> |

For **each** expense type, rate the **AVERAGE** urgency of your expenses (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

	Expense Type	1	2	3
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 - Monthly Expense Disclosure

*This form is **REQUIRED** for the application review committee to determine eligibility.*

Is SM underemployed/unemployed **currently**? _____ Yes _____ No

Please list **regular and recurring monthly expenses** that current household income is being spent on. Please include eligible **and** ineligible expenses (as listed on the first page of the application).

**** Note additional information or supporting documentation may be requested prior to grant approval. ****

Budgeting Sheet for Regular Monthly Expenses:

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

Optional, but highly recommended: Please use the space below to add additional information/context to the above expenses.

INGRF Application - Eligible Expense Disclosure & Documentation

Income (after taxes):

SM **monthly** civilian income: \$ _____

SM **monthly** military income: \$ _____

Spouse **monthly** income: \$ _____

Co-habitant/roommate **monthly** income: \$ _____

OTHER household **monthly** income: \$ _____

TOTAL HOUSEHOLD INCOME (total of lines above) \$ _____

TOTAL monthly living expenses (from page 4): \$ _____

Expenses/Bills:

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

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

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

**** All grant payments will be paid directly to the service provider ****

INGRF Application – Other Grant Disclosure & Acknowledgement

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

Yes _____ No _____

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

Statement of Good Standing

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

Name: _____ Signature: _____

Position/Title: _____ Phone Number: _____

Required Documents

**** Incomplete packets WILL NOT be accepted for review ****

	Written statement or letter from server member describing the financial hardship that the grant will be used for, including the leading up to the hardship
	Supporting documentation of grant request – to include, but not limited to, copies of bills, invoices, repair estimates, lease agreement, mortgage statements, etc.
	INCOME: (2) most recent civilian paystubs for SM, spouse, cohabitant or roommate
	INCOME: (2) most recent military LES
	TAXES: Copy of your most recent W-2s and 1040 Tax Return for SM, spouse, cohabitant and roommate
	ORDERS: Copy of military orders (if applying for Fund A – Deployment Grant)
	Signed Statement of Good Standing
	Signed Verification of Financial Services Form
	Signed Verification of Employment Services form, if under or unemployed.

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
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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:

This is a REQUIRED form if SM is underemployed or unemployed.