



Missouri Military Family Relief Fund
Application for Financial Assistance - Please Print or
Type All Items Must Be Completed

-
Applicant Tracking #

MILITARY MEMBER'S INFORMATION

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ AGR: YES NO

PERSONAL EMAIL ADDRESS: _____ MILITARY EMAIL ADDRESS: _____

SSN: _____ MILITARY MEMBER VERIFIED VIA DEERS ON DATE: _____

NUMBER OF DEPENDENTS (excluding military member), AGES, AND GENDER, RESIDING IN HOME (I.E., 3MO F, 6 YR OLD F, 17 YR OLD M):

HOME STATION UNIT (NAME/LOCATION): _____ BRANCH: _____ RANK/PAY GRADE: _____

(Where you would normally drill when not on active duty.)

APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)

NAME: _____ SSN: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

RELATIONSHIP TO MILITARY MEMBER: _____ EMAIL: _____

POWER OF ATTORNEY: YES NO (Please provide copy)

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF THE ABOVE INFORMATION

NAME: _____ POSITION/TITLE: _____

EMAIL: _____ PHONE NUMBER: _____

GRANT REQUIREMENTS

- Rank must be no higher than O-3 or W-2.
- Financial hardship must be sufficiently documented.
- Completed application must be signed.
- This grant will only pay the amount of bills attached to this application up to the amount of \$3,000.

SIGNATURE OF APPLICANT: _____ DATE: _____

If you need assistance completing this application, please call 573-638-9500, opt 2, ext 39688 or 866-269-7959. Submit completed applications via fax to 855-800-0264 [pause] [pause] 39688.

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Were you or the person you are requesting on behalf of on active duty after September 11, 2001? YES/NO
Date(s)/Location of Active Duty Tour(s):

<input type="checkbox"/> Never deployed
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Were you or was the person you are requesting on behalf of employed prior to active duty orders? YES/NO
Has your employment status changed as a result of active duty orders? YES/NO

If yes, explain: _____

Has your spouse/partner employment status changed as a result of active duty orders? YES/NO

If yes, explain: _____

Is your spouse/partner employed? YES/NO

Have you ever received money from this grant process? YES/NO If yes, indicate date _____

Have you made any large purchases within the past year (i.e., vehicle, house, large appliance)? YES/NO

If yes, explain: _____

What other resources have you considered for assistance? _____

Have you filed bankruptcy: YES/NO

Are you behind on bills? (If yes, indicate the bills and amounts) YES/NO

- | | |
|----|---------|
| 1. | Amount: |
| 2. | Amount: |
| 3. | Amount: |
| 4. | Amount: |
| 5. | Amount: |

REASON FOR FINANCIAL HARDSHIP

Is the cause of your financial hardship due to the Service Member concerned being on active duty? YES/NO

If yes, explain: _____

Indicate the factors that caused your financial hardship. (Check all that apply)

Unexpected Medical Expenses

Explain: _____

Difference between civilian and military pay

Explain: _____

Increased expenses due to a member of the family being away (i.e., childcare, maintenance increase) Explain: _____

Military pay issues or undue delay in pay.

Explain: _____

Major unexpected life event (i.e., house fire, death in family, birth in family)

Explain: _____

Employment status changed.

Explain: _____

Other (Indicate what) _____

Explain: _____

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AUTHORIZATION TO RELEASE INFORMATION

I, _____ (Print Name), hereby authorize and consent to the release/verification of financial and military information from any entity to the Missouri Military Family Relief Fund and its agents for its use in connection with my request for financial assistance.

I understand this consent and release for information is voluntary and that all information obtained will be used only for determining eligibility for, and administration of, financial assistance. I also understand failure to provide this consent and release may result in disapproval of my application for assistance.

INFORMATION CERTIFICATION/APPLICANT UNDERSTANDING

I certify the information in this application to be true and correct.

I further certify that the grant funds provided will be used for the purpose described in this application. I hereby understand that my submission of this application does not guarantee grant approval.

I further understand that it is my responsibility to maintain my financial obligations prior to and after the disposition of this application is complete.

I understand that I must provide proof of how the funds provided to me were executed within sixty (60) days after receiving the grant, to the MMFRF Coordinator. (i.e. receipts, bill balances, etc). I further understand that failure to submit this required documentation and/or failure to use the funds for the purpose of this application will disqualify me from future support with this fund.

***Ensure that you complete and return the State of Missouri Vendor Input Form. Your application, if approved, cannot be processed for payment without this form. Complete only the blocks indicated on the sample form.**

The below items MUST be submitted with the completed application for approval consideration. Applications will be automatically denied if any of the below items are missing.

- Copy of DD214, if Applicable
- Copy of active Duty orders
- Leave and Earning Statement
- Proof of expenses or bills (copies must be attached) Past 30 days bank statement
- Monthly civilian pay stub, if applicable
- Spouse's monthly pay stub, if applicable
- Vendor Input Form

SIGNATURE OF APPLICANT: _____

DATE: _____

Mail to:
Missouri Military Family Relief Fund
ATTN: NGMO-FWS-F
2405 Logistics Rd
Jefferson City, MO 65101-1205