



FOR Active Duty Military Personnel

APPLICATION FOR THE MILITARY FAMILY RELIEF FUND

1. I, _____, request financial assistance from the
(Full name w/middle initial)
MILITARY FAMILY RELIEF FUND.

2. Name of Deployed Military Member: _____
(If different from #1)

3. Is Military Member currently *DEPLOYED* on active duty for a minimum of 30 days?
Yes No **(MUST provide copy of orders)**

4. Rank/Grade of Military Member: _____

5. Branch of Service: *(Check one)*
 ARMY *NAVY* *AIR FORCE* *MARINES*

6. UNIT of Assignment: _____
LOCATION of Base / Station / Ship: _____

7. Social Security Number of Military Member: _____ - _____ - _____

8. COLORADO Resident AND Taxpayer? Yes No
*(MUST attach copy of **most recent** CO Income Tax)*

9. _____ (_____) _____
Applicant's Street Address *Home Telephone Number*

City, State, Zip (_____) _____
Work Telephone Number

E-mail address (_____) _____
Mobile Telephone Number

10. Indicate the number of individuals whom you are financially responsible for in your household, including yourself:

of Adults _____ # of Children _____ Ages: _____
(of the children)

11. Please check which assistance you are applying for:

INCOME REPLACEMENT (Proceed to question 12)

EMERGENCY EXPENSE (Proceed to question 13)

12. What ***was*** the total household income PRIOR to deployment?
(MUST attach prior military LES and/or payment stub from civilian employment for each)

You: \$ _____

Spouse: _____

Other: _____

TOTAL: \$ _____

13. What ***is*** the total household income DURING deployment?
(MUST attach current military LES and/or payment stub from civilian employment for each)

You: \$ _____

Spouse: _____

Other: _____

TOTAL: \$ _____

14. What changes have occurred during the deployment to increase the financial need? (i.e., change of housing for the family, increased child-care expenses, etc.)

15. What is the nature of the need? (i.e., mortgage payment or rent, childcare, emergency travel expenses, automobile repairs, household expenses, etc.):

INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:

1. I authorize verification/release of the information that I am providing on this application. This authorization applies to organizations inside or outside of the Colorado National Guard. I authorize the Military Family Relief Fund Committee access to any pertinent records as necessary to evaluate my application.

Please Initial: _____

2. The information that I have provided on this Application Form is true and correct to the best of my knowledge:

Applicant's Signature

Date

STATEMENT OF CONFIDENTIALITY:

This application form is the primary source of information for determining an individual's eligibility for financial assistance through this Fund. **Disclosure of information on these forms, including the applicant's social security number, is voluntary. However, failure to provide the requested information may mean the Committee will deny assistance because of insufficient information.** The Committee will maintain confidentiality regarding the application and assistance given or denied, except as detailed in the release authorization above.

ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:

1. *Deployment Orders (to support question #3).*
2. *Most recent Colorado State Income Tax (Form 104) (to support question #8).*
3. *A previous LES from military service (Leave and Earning Statement) and/or payment stub from civilian employment representing household income PRIOR to deployment, for both the Service Member and Spouse (to support question #11).*
4. *A recent LES from military service (Leave and Earning Statement) and/or payment stub from civilian employment representing household income DURING deployment, for both the Service Member and Spouse (to support questions #4 and #12).*
5. *Copies of any bills for Emergency Expense reimbursement (to support question #11).*

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