

Application Requirements Checklist:

Initial each

_____ Rank must be no higher than O-3 or W-2*

_____ Service member must have been deployed for 30 consecutive days or more

_____ If no longer deployed, the service member has been off deployment for less than 120 days. May be waived up to 24 months*

_____ Leave and Earnings Statements (LES) submitted MUST be within the period of service on the activation orders

_____ Completed application (pp 1-3) signed

_____ This checklist initialed line by line

_____ Vendor Input form completed (Required to receive payment if approved)

_____ DD214 (if applicable)

_____ Deployment/mobilization orders.

Title 10/or change in 32 due to Sept. 11, 2001 terrorist attacks

* Will require a waiver signed by the TAG.



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



MILITARY MEMBER'S INFORMATION

NAME: _____ BIRTHDATE: _____
 HOME ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ SSN: _____
 BRANCH: _____ RANK/PAY GRADE: _____
 NUMBER OF DEPENDENTS (excluding military member): _____
 UNIT NAME: _____
 UNIT POC: _____ PHONE NUMBER: _____
 EMAIL ADDRESS: _____

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: _____
 POWER OF ATTORNEY: YES NO (Please provide copy)

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF THE ABOVE INFORMATION

NAME: _____
 POSITION/TITLE: _____ PHONE NUMBER: _____



GRANT REQUIREMENTS

- E1 through O-3 or W-2. All others require waiver from the TAG.
- Service member must submit their DD214 if applicable.
- Service member must submit their deployment/mobilization orders.
- Service member must have been deployed for 30 consecutive days or more.
- If no longer deployed, the service member has been off deployment for less than 120 days. **May be waived to 24 months by the TAG.**
- Leave and Earnings Statement **MUST** be within the period of service on the activation orders.
- Spouse paystub, if employed.
- Financial hardship must be directly related to deployment.
- Completed application must be signed.
- Must submit proof of expenses and bills or the application will not be considered.
- 30 day bank statement.
- Award is determined on provided expense documentation up to the amount of \$3,000.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

If you need assistance completing this application please call 573-638-9688 or 866-269-7959.
 Return completed application and documentation via fax to 573-638-9548.

Missouri Military Family Relief Fund
Application for Financial Assistance (Cont)

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.

*** 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.**

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Submit Completed Application and Documentation To:

Missouri Military Family Relief Fund
NGMO-VCS-F
2405 Logistics Road
Jefferson City, MO 65101

Fax: 573-638-9548

