



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

- Applicant Tracking #
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**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 \$2,500. The Adjutant General may waive the \$2,500 limitation at his discretion.

**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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Application Financial Assistance  
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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: \_\_\_\_\_

**Missouri Military Family Relief Fund**  
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	<b>INCOME: BEFORE/ DURING/ AFTER DEPLOYMENT</b>		
Monthly civilian salary (of military member), EXCLUDES overtime	\$ _____	\$ _____	\$ _____
Monthly salary of spouse, to include unemployment/disability	\$ _____	\$ _____	\$ _____
Monthly military salary, include base pay and BAH	\$ _____	\$ _____	\$ _____
Other income (i.e. child support, alimony, etc.)	\$ _____	\$ _____	\$ _____

Complete the information to the left if deployment within past 12 months

**Other income (i.e. child support, alimony, etc) \$ \_\_\_\_\_**

Total value of family liquid assets to include: bank accounts (savings and checking), certificates of deposit, stocks, bonds, and mutual funds (include statements) \$ \_\_\_\_\_

Grants/Financial Assistance Received From Other Sources		
Date	Source of Grant	Amount
_____	_____	_____
_____	_____	_____

<b><u>EXPENSE</u></b>	<b><u>AMOUNT</u></b>	<b><u>DESCRIBE ATTACHMENT(S)</u></b>
Food/clothing:	\$ _____	_____
Rent/mortgage:	\$ _____	_____
Utilities:	\$ _____	_____
Medical services/prescriptions:	\$ _____	_____
Insurance:	\$ _____	_____
Vehicle payments:	\$ _____	_____
House/vehicle repair:	\$ _____	_____
Child care:	\$ _____	_____
Other: _____	\$ _____	_____

**APPLICATION REQUEST AMOUNT: \$ \_\_\_\_\_**

**Reason why emergency assistance is needed (Be complete and specific. If more space is needed, continue on a separate sheet.)**


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\_\_\_\_\_  
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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