



APPLICATION FOR MILITARY FAMILY RELIEF FUND (MFRF)

State Form 53880 (R / 7-10)

INDIANA DEPARTMENT OF VETERANS AFFAIRS

302 West Washington Street, Room E120

Indianapolis, IN 46204

Telephone: (800) 400-4520

INSTRUCTIONS: 1. Mail the completed form to the Indiana Department of Veterans Affairs c/o Military Family Relief Fund at the above address.
2. If you need assistance completing this application, please call the Indiana Department of Veterans Affairs at the above telephone number.

MILITARY MEMBER'S INFORMATION

Name: _____ Date of Birth (mm/dd/yy): _____

Address (number and street): _____

City: _____ State: _____ ZIP Code: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Rank: _____ Social Security Number: _____

Home Station Unit of Assignment: _____

Please check one: National Guard Reserves Active Duty

APPLICATION INFORMATION

(Spouse's or Dependent's Information if Applicant is Other Than the Military Member)

Name: _____ Social Security Number: _____

Address (number and street): _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Relationship to Military Member: _____

I/We **Have** applied for a Military Family Relief Fund (MFRF) grant before. (Please check one) Yes No

National Guard/Reserves: (Service member must have been mobilized/Title 10 Orders).

Active duty: (Service member must have received orders for deployment to current combat zone).

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION

(Verification Mandatory)

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

Name: _____ Date (mm/dd/yy) _____

Position/title: _____ Telephone Number: _____

I (Printed Name) _____ am requesting a grant to pay for the following items:

| ITEM (Repair, Service, Bill, etc.) | SERVICE PROVIDER (Company Name & Telephone Number) | AMOUNT |
|---------------------------------------|---|----------|
| 1. _____ | _____ | \$ _____ |
| 2. _____ | _____ | \$ _____ |
| 3. _____ | _____ | \$ _____ |
| 4. _____ | _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ |
| 6. _____ | _____ | \$ _____ |
| 7. _____ | _____ | \$ _____ |
| 8. _____ | _____ | \$ _____ |
| 9. _____ | _____ | \$ _____ |

Total Amount Requested

\$ _____

(Please use attachment(s) if additional space is necessary.)

Total Service Member pre-tax civilian monthly income (before mobilization, if applicable)

\$ _____

Total Military monthly income (Pre Tax)

\$ _____

Items required for Proof are listed below. **Please initial on the line below when each item is provided.**

Unit Administrator

Initials

Requested Document

- _____ (TAB A) Attach written statement or letter from service member or family member (if member is deployed) on what the grant will be used for. In the attached statement, please explain why military duty impairs the ability to pay the debt or bill.
- _____ (TAB B) Attach a copy of mobilization or active duty orders issued by authorized headquarters.
- _____ (TAB C) Attach a copy of your civilian payroll record or stub indicating the monthly salary prior to deployment. (Both husband and wife, if married.)
- _____ (TAB D) Attach a copy of the most recent military (LES) salary.
- _____ (TAB E) Attach a copy of your most recent Tax Return (year before mobilized).
- _____ (TAB F) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for.
- _____ (TAB G) Active duty – attach proof of Home of Record.

*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 State of Indiana and Joint Forces Headquarters or the appropriate Reserve Forces Command access to my pertinent records, including information maintained in Defense Enrollment Eligibility Reporting System (DEERS), as necessary to evaluate my application. Disclosure of information on this form including Social Security numbers is voluntary; however, failure to provide requested information may prohibit the processing of this grant application. In accordance with applicable laws, the State of Indiana and the appropriate Selected Reserves HQ 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, funds will be deposited by the State of Indiana directly into my checking or savings account.***

Signature of Applicant

Date (mm/dd/yy)