



# INDIANA NATIONAL GUARD **RELIEF FUND**

## Indiana National Guard Relief Fund

### Grant Application Form FY 2024

**Mission Statement:**

*“To provide emergency assistance and relief to members of the Indiana National Guard and their families who are undergoing periods of personal or financial distress due to a period of mobilization or other military duty.”*

**Contact your local Indiana National Guard Family Readiness Program:**

Soldier and Family Readiness Specialists (ARNG)  
Military Family Readiness Airman & Family Program Manager (ANG)

Visit: [www.inguardrelief.org](http://www.inguardrelief.org) for more information

INGRF Tax ID: 35-2143644

***Completed application packet due NLT 4pm EST Monday***

***\*Incomplete packets WILL NOT be sent for Grant Committee review \****

## Indiana National Guard Relief Fund (INGRF) Overview

Overview:	
<p>The Indiana National Guard Relief Fund (INGRF) is a private, non-profit, tax-exempt corporation. Our mission is accomplished by providing funds to assist service members, and their families, with limited financial relief.</p> <p>The INGRF is <b>not</b> an Army, Air Force, or Department of Defense organization. Funds are not for use by the Army or Air Force, and the government cannot dictate the use of funds.</p>	
Stipulations:	Who is Eligible?
<ul style="list-style-type: none"> <li>• Up to a maximum of \$7500</li> <li>• Meet eligibility requirements.</li> <li>• Meet basic hardship requirements.</li> <li>• Submit written application packet.</li> <li>• Provide all required documentation.</li> <li>• <b>Note:</b> This is NOT an emergency relief fund</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>❖ Approximate processing time is 30 days.</li> <li>❖ If approved, all vendors must be paid within 30 days of approval, except in situations where repairs are taking longer than expected and situation is communicated to INGRF staff</li> </ul>	<ul style="list-style-type: none"> <li>• Any INNG duty status is eligible to apply.</li> <li>• Must be in good standing with INNG</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>❖ Eligibility to apply, and submission or application, does <b>not</b> guarantee grant approval</li> </ul>
Eligible Areas of Assistance (including but not limited to):	Ineligible Areas of Assistance (including but not limited to):
<ul style="list-style-type: none"> <li>• Non-receipt of pay</li> <li>• Loss of income</li> <li>• Fire or other disasters</li> <li>• Dependent funerals expenses</li> <li>• Unexpected repairs</li> <li>• Rent/Mortgage</li> <li>• Essential private owned vehicle (SM only)</li> <li>• Utilities</li> <li>• Cell Phone (SM/primary line only)</li> </ul>	<ul style="list-style-type: none"> <li>• Divorce/marriage expenses</li> <li>• Lease or purchase of a vehicle</li> <li>• Ordinary leave</li> <li>• Continuing assistance (same hardship, multiple applications)</li> <li>• Overdrawn “bounced” checks</li> <li>• Liquidation or debt consolidation</li> <li>• Business ventures or investments</li> <li>• Goods/items of convenience or luxury</li> <li>• Court fees, fines, judgments, liens, bails, legal fees, income tax, or child support</li> <li>• Civil suits/bankruptcies</li> <li>• Credit cards payments</li> <li>• Student loans/college tuition</li> <li>• Personal Loans</li> </ul>

**Please note:** If approved, payments will be issued directly to the creditor/service provider approved; no payments will be made to the service member or family member

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**INGRF Application - Service Member Basic Information**

**Service Member (SM) Information:** BRANCH OF SERVICE: Army Air Guard

SFRS/AFRPM Name: phone: Email:

Name: ..... Birth Date: ..... SSN (last 4): ..... Primary Email: .....

Home Address: ..... City/State/Zip .....

County you live in Work Email:

Best Contact  
Phone: Grade: Rank:

SM Employment Status (pick one) SM Employment Type:

INNG Unit of Assignment Armory/Air Base Drill County

Marital Status:

Do you have a family member(s) in DEERS?

If yes, # dependents enrolled in DEERS:

Total Number living in current household (including SM):

Full time Adults: Part-time Adults:

Full-time Children (under 18): Part-time Children:

**Spouse, Cohabiting Partner, and/or Roommate Information**

Name: Birth Date: SSN (last 4) Email:

Mailing Address (if different than above): Preferred Phone:

City, State & Zip: Relationship to SM:

Employment Status (pick one): Employment Type (pick one):

INNG Member?

If yes, please list INNG Unit:

***Statement of Good Standing***

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

Name: .....

Position/Title: .....

Phone Number: .....

SFRS/Unit Leadership Signature:

**SERVICE MEMBER SYNOPSIS / SUMMARY**

Written statement from Service Member describing the financial hardship that has led to the grant request, including factors surrounding the hardship.

*(Think of the 5W's and H – who, what, where, when, why and how).*

Summary **should also** include how you will be able to move forward in paying your bills, if you are approved.

*Note: Committee will only review completed packets*

**INGRF Application - Monthly Expense Disclosure**

Please list **ALL** regular and recurring monthly expenses (eligible & ineligible) that your current household income is being used for

*Note: additional information, or supporting documentation, may be requested prior to Committee review*

**Budgeting Sheet for Regular Monthly Expenses:**

Brief Description of Expense (Rent, mortgage, water, electric)	Amount \$	Date Due	Frequency (Weekly, monthly, quarterly, yearly or one-time)	
Monthly Expense Total:				

***Optional, but highly recommended:***

Please use the space below to add additional information/context to the above expenses OR To list unexpected one-time expenses incurred during this hardship  
**(Note: this is in addition to your summary)**

**INCOME VS. EXPESE DISCLOSURE:**

**Net Income (after taxes):**

<u>Service Member (SM)</u>		<u>Other Income</u>	
Monthly civilian income #1		Spouse income	
Monthly civilian income #2		Co-habitant income	
Monthly civilian income #3		Roommate income	
Monthly military income		Other household income (SSI, alimony, child support, etc.)	
<b>TOTAL SM Income:</b>		<b>TOTAL Other income:</b>	

**Total, SM Income:**

**Total, Other Income**

**Grant Total Income:**

**Total, Monthly Expenses (pg. 4)**

**REQUESTED ASSISTANCE: Expenses:**

*Please list bills/expenses in order of importance.*

*Payment Address, Account Number & Phone Number of creditors **MUST BE INCLUDED***

Description of Expense (Rent, mortgage, water, electric)	Service Provider (Name, payment address, account #)	Past Due Amount	Past Due Date
<b>TOTAL GRANT REQUEST</b>			

Check here if extra sheet is attached with **additional** expenses/bills you are requesting assistance with

**INGRF Application – Other Grant Disclosure & Acknowledgement**

**Have you previously applied for an INGRF grant?**

If yes, please list date(s) (mm/yyyy) and outcome(s):

Date Outcome

Date Outcome

Have you applied, or are applying, to other grant/aid programs relating to this specific hardship?

If the answer to the above question is **Yes**, please state **ALL** organization name(s), date applied/planning to apply, amount(s) requested, and amount(s) received?

<b>Organization Name</b>	<b>Date of Request</b>	<b>Amount Requested</b>	<b>Amount Approved</b>

*I certify all information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the INGRF and the INNG Joint Forces Headquarters access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form including social security numbers is voluntary. Failure to provide requested information, however, may prohibit the processing of this grant application, in accordance with applicable laws; the INGRF and the Joint Forces Headquarters 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.*

\_\_\_\_\_  
*Service Member Signature*

\_\_\_\_\_  
*Date*

**Verification of Financial Services Meeting**

*All Service Members are required to meet with a Personal Financial Counselor  
prior to submitting application.*

Service Member Name:

Date of Meeting:

Organization:

Financial Counseling Contact Information:

Name:

Phone:

Email:

I verify that this Service Member has met with me on:

Signature:

**Verification of Employment Services Meeting**

*All Service Members are underemployed or unemployed at time of packet submission are required to meet with an employment specialist.*

Service Member Name

Date of Meeting:

Name of Employment Services Organization :

Employment Services Contact Information:

Name:

Phone:

Email:

I verify that this Service Member has met with me on:

Signature:

**Required Documentation**

***Incomplete packets WILL NOT be sent for Grant Committee review***

Service Member Documentation	
	<p><b>HARDSHIP SUMMARY:</b></p> <p>Written statement or letter from server member describing the financial hardship that has led to the grant request, including factors surrounding the hardship Think of the 5W's and H – who, what, where, when, why and how. Summary <b>MUST</b> include <b>how</b> you will be able to move forward in paying your bills if you are approved.</p>
	INCOME: (2) most recent civilian paystubs for SM
	INCOME: (2) most recent LES for SM
	TAXES: Copy of SM Form 1040 for SM
	TAXES: Copies of all W-2's (civilian and INNG) for SM
	Copy of (2) most recent months of bank statements (checking & Savings)
	Signed Statement of Good Standing
	Signed Verification of Financial Services Form
	Signed Verification of Employment Services form, if unemployed or under-unemployed.
	ORDERS: Copy of military orders
Spouse, Cohabitant, Roommate, & Family Member Documentation	
	INCOME: (2) most recent civilian paystubs for spouse, cohabitant, roommate, family members
	TAXES: Copy of SM Form 1040
	TAXES: Copies of all W-2's
Supporting Documentation, where applicable	
	A minimum of TWO (2) estimates
	Most recent copies of utility bills, invoices, repair estimates, lease agreement, rental ledger, mortgage statements, etc. (no screen shots accepted)
	Copy of mortgage statement required for any household repairs
	Copy of vehicle registration required for any auto repairs
	Copy of marriage certificate (required if bills are in spouse's name)

NOTE: All documentation **must** contain service member's name, address, account number, and past-due date: to include rent/mortgage statements, utility statements and estimates