

FY 2026 EMERGENCY GIFT CARD APPLICATION

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INDIANA NATIONAL GUARD
RELIEF FUND

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 for more information

INGRF Tax ID: 35-2143644

Emergency Gift Card Application

SFRS/FPM Name:		Branch of Service: ☐ Army ☐ Air Guard	
SM Last Name:		SM First Name	
Home Address (street):		City/State/Zip	
SSN (Last 4):	Date of Birth:	County:	
Civilian/Personal E-Mail:		INNG E-Mail	
Best Contact Phone #:	Employment Status:	Employment Type	
Grade/Rank	Unit	Armory/Base:	County:
Marital Status:	Family in DEERS?	# in DEERS	
Total # living in current household (including SM):		Part-Time Adults	
Full-time Adults:		Part-Time Children (under 18)	
Full-time Children (under 18):		# days, per month, children	
Ages of Children (FT/PT) in home:		live in SM Home:	

Spouse, Cohabiting Partner, Family Member, and/or Roommate Information

Last Name:	First Name	SSN (Last 4):	Date of Birth:
Home Address (street):		City/State/Zip:	
Best Contact Phone #:	E-Mail:		
Relationship:	Employment Status:	Employment Type:	
INNG Member?	If Yes, please list INNG Unit:		

Statement of Good Standing

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

Full Name:	Rank:	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).

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.)	
TOTAL SM Income:		TOTAL Other income:	

Total: SM Income

Income vs Expense

Total, Other Income

Grand Total

Total, Monthly
Expenses

List all regular Expenses

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