# FY 2026
# EMERGENCY GIFT CARD APPLICATION

## SPONSORED BY:

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

Clear Form

# 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:** Select One

**Civilian/Personal E-Mail:** **INNG E-Mail**

**Best Contact Phone #:** **Employment Status:** Select One **Employment Type** Select One

**Grade/Rank** Select One **Unit** **Armory/Base:** **County:** Select One

**Marital Status:** Select One **Family in DEERS?** Select One **# in DEERS** Select One

**Total # living in current household (including SM):**

Full-time Adults:

Full-time Children (under 18):

Ages of Children (FT/PT) in home:

Part-Time Adults

Part-Time Children (under 18)

# days, per month, children live in SM Home:

## ***Spouse, Cohabitating 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:** Select One **Employment Status:** Select One **Employment Type:** Select One

**INNG Member?** Select One **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:** Select One **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)*:**

| **Service Member (SM)** | | **Other Income** | |
|---|---|---|---|
| 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:** | $ 0.00 | **TOTAL Other income:** | $ 0.00 |

**Total: SM Income** $ 0.00

**Total, Other Income** $ 0.00

**Grand Total** $ 0.00

**Total, Monthly Expenses** $ 0.00

**Income vs Expense**

$ 0.00

## *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 $** |
|---|---|---|---|---|
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| | | | Monthly Expense Total: | $ 0.00 |