



INDIANA NATIONAL GUARD **RELIEF FUND**

Indiana National Guard Relief Fund

FY 2026

Hardship Grant Application

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

***** 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:	
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. The INGRF is not 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.	
Stipulations:	Who is Eligible?
- Up to a maximum of \$7500 - Meet eligibility requirements. - Meet basic hardship requirements. - Submit written application packet. - Provide all required documentation. Note: This is NOT an emergency relief fund Notes: ❖ The approximate processing time is 30 days, from when the application is received by the INGRF. Delays can occur when a packet is missing required items, or additional documentation is requested. ❖ If approved, all vendors must be paid within 30 days of approval, except in situations where repairs are taking longer than expected and the situation is communicated to, and approved by, INGRF staff.	- Any INNG duty status is eligible to apply. - Must be in good standing with INNG Note: ❖ Eligibility to apply, and submission of application, do not guarantee approval
Eligible Areas of Assistance (including but not limited to):	Ineligible Areas of Assistance (including but not limited to):
- Non-receipt of pay - Loss of income - Fire or other disasters - Dependent funerals expenses - Unexpected repairs - Rent/Mortgage - Essential private owned vehicle (SM only) - Utilities - Cell Phone (SM/primary line only)	- Divorce/marriage expenses - Lease or purchase of a vehicle - Ordinary leave - Continuing assistance (similar hardship or multiple applications) - Overdrawn “bounced” checks - Liquidation or debt consolidation - Business ventures or investments - Goods/items of convenience or luxury - Court fees, fines, judgments, liens, bails, legal fees, income tax, or child support - Civil suits/bankruptcies - Credit cards payments - Student loans/college tuition - Personal Loans - Child Care

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

INGRF Hardship Grant Application

SFRS/FPM Name:		Branch of Service: ☐ Army ☐ Air Guard	
SM Full Name:		Grade:	Rank
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	
Unit	Armory/Base:	County:	
Marital Status:	Family in DEERS?	# in DEERS	Student?
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).

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

Note: This is the only information the committee will receive from you – be as detailed as possible, or you risk having your packet delayed, pending additional information. Committee will only review completed packets that meet minimum requirements.

INGRF Application - Monthly Expense Disclosure

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

Examples include: housing, utilities, vehicle fuel, app subscriptions, car loans, child card, car & home insurance, vehicle registration, healthcare, pet expenses, credit card payments, drive-thru food/coffee, movies, concerts, memberships (gym, car wash, etc.), charitable donations, legal/attorney fees, savings & retirement

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

List ALL Regular Monthly 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:				

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, etc.)	
TOTAL SM Income:		TOTAL Other income:	

**Total:
SM Income**

**Total, Other
Income**

**Grand Total
Income:**

**Total,
Monthly
Expenses**

Income vs Expenses

REQUESTED ASSISTANCE: Expenses:

Please list bills/expenses in order of importance that you are needing help with

NOTE: Statement containing SM Name along with Payment Address, Account Number & Phone Number of creditors **MUST BE INCLUDED**. Screenshots are not accepted. Items not listed cannot be considered.

Service Provider Name	Service Provider payment address & account #	Past-Due Amount Owed	Due Date
GRAND TOTAL ASSISTANCE REQUESTED			

The Indiana National Guard Relief Fund Grant Committee holds the authority to make final decisions regarding the approval or denial of grant application. These decisions are not subject to appeal.

However, Soldiers may reapply after 30 days if they continue to experience the same hardship or if a new hardship arises.

INGRF Application – Other Grant Disclosure & Acknowledgement

Have you EVER requested support from the INGRF, grant or emergency gift cards?

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

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? If determination has not been made yet, please note in last column.

Organization Name	Date of Request	Amount Requested	Amount Approved

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 application, 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:

Name of Financial Counselor:

Phone:

Email:

I verify that this Service Member has met with me on date above.

Signature:

Verification of Employment Services Meeting

*All Service Members that are **underemployed** (less than FT) or unemployed at the time of packet submission are required to meet with an employment specialist.*

Applicant's Name:

Date of Meeting:

Employment Services Specialist:

Phone:

Email:

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

Signature:

Additional 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:		

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:		

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:		

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:		

Required Documentation

Incomplete packets WILL NOT be reviewed by the Grant Committee

Service Member Documentation	
	HARDSHIP SUMMARY: Written statement or letter from server member describing the financial hardship that has led to the grant request, including factors surrounding the hardship <i>(Think of the 5W's and H – who, what, where, when, why and how)</i> Summary MUST include how you will be able to move forward in paying your bills if you are approved.
	INCOME: (2) most recent civilian paystubs for SM
	INCOME: (2) most recent LES for SM
	TAXES: Copy of Form 1040 for SM
	TAXES: Copies of all W-2's (civilian and INNG) for SM
	Signed Statement of Good Standing by unit leadership.
	Signed Verification of Financial Services Form
	Signed Verification of Employment Services form, if unemployed or under-unemployed.
	ORDERS: Copy of military orders
	Bank Statements: (2) most recent statements for ALL checking & savings accounts, as well as cash apps (Venmo, CashApp, Zelle, etc)
Spouse, Cohabitant, Roommate, & Family Member Documentation	
	INCOME: (2) most recent civilian paystubs for spouse, cohabitant, roommate, family members
	TAXES: Copy of Form 1040
	TAXES: Copies of all W-2's
	Bank Statements: (2) most recent statements for ALL checking & savings accounts, as well as cash apps (Venmo, CashApp, Zelle, etc)
Supporting Documentation, where applicable	
	A minimum of TWO (2) DIAGNOSIC estimates required on all repairs (must include reason for visit, what the issues are, what repairs are needed, cocost for parts and labor separated, any warranty that comes with repair, and any payment plans
	Most recent copies of utility bills, invoices, repair estimates, lease agreement, rental ledger, mortgage statements, etc. (no screen shots accepted) for each item you are requesting assistance with.
	Copy of mortgage statement required for any house payments or repairs requested
	Copy of vehicle registration required for any auto payments, insurance, or 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, past due amount, and past-due date: to include rent/mortgage statements, utility statements, and estimates.