



INDIANA NATIONAL GUARD **RELIEF FUND**

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FY 2027

Gift Card Grant Application

WHO WE ARE

The Indiana National Guard Relief Fund is an independent nonprofit providing financial relief, readiness resources, and community support to members of the Indiana National Guard and their families.

CONTACT YOUR LOCAL INDIANA NATIONAL GUARD FAMILY READINESS PROGRAM

Soldier and Family Readiness Specialists (ARNG)

Military Family Readiness Airman & Family Program Manager (ANG)

Visit <https://inguardrelief.org/> for more information

INGRF Tax ID: 35-2143644

**COMPLETED APPLICATIONS ARE DUE NO LATER THAN MONDAY AT 4PM EST
INCOMPLETE PACKETS WILL NOT BE SENT FOR GRANT COMMITTEE REVIEW**

How the Indiana National Guard Relief Fund Works

The Indiana National Guard Relief Fund (INGRF) exists to ensure that Indiana National Guard members and their families are financially prepared, strengthened by programs, and supported in times of hardship.

Stipulations

- Up to a maximum of \$7500
- Meet eligibility requirements.
- Submit written application packet.
- Provide all required documentation.
- **NOTE:** While the INGRF helps with financial hardship, funds are not available immediately.

Who we serve?

- Members of the Indiana National Guard, Army and Air, and their families.
- You do not need to be deployed or preparing to deploy.
- Traditional and full-time members are both eligible.
- Eligibility to apply and submission of application does not guarantee approval.

Timing and payment

- Processing may take up to 14 days after we receive your complete application packet.
- If approved, payment will be made within 14 days of approval.

Eligible assistance

- Non-receipt of pay
- Loss of income
- Fire or other disasters
- Dependent funerals expenses
- Unexpected repairs
- Rent/Mortgage
- Essential private owned vehicle
- Utilities
- Cell Phone

Ineligible assistance

- 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

If approved, payments go directly to the approved creditor or service provider, not to the service member or family member.

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Clear Form

Service Member information

All fields apply to the Service Member

SFRS / FPM NAME



Army



Air Guard

SERVICE MEMBER FULL NAME

BEST CONTACT PHONE

GRADE / RANK

HOME ADDRESS (STREET)

CITY / STATE / ZIP

SSN (LAST 4)

DATE OF BIRTH

COUNTY

Select One

CIVILIAN / PERSONAL EMAIL

INNG EMAIL

STUDENT?

Select One

EMPLOYMENT STATUS

Select One

EMPLOYMENT TYPE

Select One

UNIT

ARMORY / BASE

COUNTY

Elkhart County

MARITAL STATUS

Select One

FAMILY IN DEERS?

Select One

IN DEERS

Select One

Household and related-person details

FULL-TIME ADULTS

FULL-TIME CHILDREN

AGES OF CHILDREN

PART-TIME ADULTS

PART-TIME CHILDREN

DAYS/MONTH CHILDREN LIVE IN SM HOME

RELATED PERSON LAST NAME

FIRST NAME

SSN (LAST 4)

DATE OF BIRTH

HOME ADDRESS (STREET)

CITY / STATE / ZIP

PHONE

EMAIL

RELATIONSHIP

Select One

INNG MEMBER?

Select One

RELATED PERSON EMPLOYMENT STATUS

Select One

EMPLOYMENT TYPE

Select One

INNG UNIT (IF APPLICABLE)

Statement of good standing

For SFRS or unit leadership

I verify that the Service Member is in good standing and all required documentation is attached.

FULL NAME

RANK

Select One

TITLE

PHONE

SIGNATURE



Describe the Hardship

Write a statement describing the financial hardship that led to your request, including the circumstances surrounding it. Include the 5 W's and H: who, what, when, where, why, and how. Explain how you will move forward with paying your bills if approved. This is the only information the committee will receive from you, so provide as much detail as possible.

Note: This is the only information the committee will receive from you – be as detailed as possible.
Complete and detailed information helps avoid delays.

List your regular monthly expenses

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

Additional information or supporting documents may be requested.

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 \$
			Select One	

Monthly Expense Total: 0

Income vs. Expenses

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Income compared with expenses

Enter monthly net income after taxes for each source.

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:	\$ 0.00	TOTAL Other income:	\$ 0.00

Total: SM Income \$ 0.00

Total, Other Income \$ 0.00

Grand Total Income: \$ 0.00

Total, Monthly Expenses \$ 0.00

Income vs Expenses

\$ 0.00