INDIANA NATIONAL GUARD RELIEF FUND

FY 2027

Hardship 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.

Hardship Grant Application

INDIANA NATIONAL GUARD RELIEF FUND | FY 2027

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

Select One

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.

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.

Examples include: housing, utilities, vehicle fuel, app subscriptions, car loans, child care, 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, subscriptions (music, TV, etc.).

Additional information or supporting documents may be requested.

REGULAR MONTHLY EXPENSES

Service Provider	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 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

List assistance request by priority

Include each creditor statement with the Service Member's name, payment address, account number, and phone number. Screenshots are not accepted. Items not listed cannot be considered.

SERVICE PROVIDER NAME	PAYMENT / ACCOUNT INSTRUCTIONS	PAST-DUE AMOUNT	DUE DATE
GRAND TOTAL ASSISTANCE REQUESTED		$ 0.00	

Review and approval

The INGRF Grant Committee makes the final decision to approve or deny each request. Decisions cannot be appealed. Service Members may reapply after 30 days if the hardship continues or a new hardship arises.

Other grant support

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

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

ACKNOWLEDGMENT AND AUTHORIZATION

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 and Employment Specialist Meeting

INDIANA NATIONAL GUARD RELIEF FUND | FY 2027

Financial Services Verification

All Service Members are required to meet with a Personal Financial Counselor before submitting an application.

SERVICE MEMBER NAME

DATE OF MEETING

NAME OF FINANCIAL COUNSELOR

PHONE

EMAIL

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

SIGNATURE

Employment services verification

Service Members who are underemployed (less than full time) or unemployed when submitting their packet must 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 / Roommate Information

INDIANA NATIONAL GUARD RELIEF FUND | FY 2027

HOUSEHOLD MEMBER 1

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:**

HOUSEHOLD MEMBER 2

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:**

HOUSEHOLD MEMBER 3

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:**

HOUSEHOLD MEMBER 04

Last Name: **First Name** **SSN (Last 4):** **Date of Birth:**

Home Address (street): **City/State/Zip:**

Best Contact Phone #: Select One **E-Mail:** Select One Select One

Relationship: Select One **Employment Status:** **Employment Type:**

INNG Member? **If Yes, please list INNG Unit:**

Required Documentation

Submit a complete packet

Incomplete packets WILL NOT be reviewed by the Grant Committee.

Service Member Documentation

- [ ] Written hardship summary or letter describing the financial hardship and surrounding circumstances (who, what, where, when, why, and how). The summary MUST include how you will move forward with paying your bills if approved.
- [ ] Two (2) most recent civilian paystubs for the Service Member.
- [ ] Two (2) most recent Leave and Earnings Statements (LES) for the Service Member.
- [ ] Copy of Form 1040 for the Service Member.
- [ ] Copies of all W-2s (civilian and INNG) for the Service Member.
- [ ] Signed Statement of Good Standing by unit leadership.
- [ ] Signed Verification of Financial Services Form.
- [ ] Signed Verification of Employment Services Form, if unemployed or underemployed.
- [ ] Copy of military orders.
- [ ] Two (2) most recent statements for ALL checking and savings accounts, including cash apps (Venmo, CashApp, Zelle, etc.).

Spouse, Cohabitant, Roommate & Family Documentation

- [ ] Two (2) most recent civilian paystubs for spouse, cohabitant, roommate, and family members.
- [ ] Copy of Form 1040.
- [ ] Copies of all W-2s.
- [ ] Two (2) most recent statements for ALL checking and savings accounts, including cash apps (Venmo, CashApp, Zelle, etc.).

Supporting Documentation - Where Applicable

- [ ] A minimum of TWO (2) diagnostic estimates for all repairs. Include the reason for the visit, issues identified, repairs needed, separate parts and labor costs, any warranty, and any payment plans.
- [ ] Most recent utility bills, invoices, repair estimates, lease agreement, rental ledger, mortgage statements, etc., for each item for which you are requesting assistance. Screenshots are not accepted.
- [ ] Copy of mortgage statement for any house payments or repairs requested.
- [ ] Copy of vehicle registration for any auto payments, insurance, or repairs.
- [ ] Copy of marriage certificate if bills are in your spouse′s name.

DOCUMENT DETAILS

All documentation must include the Service Member′s name, address, account number, past-due amount, and past-due date, including rent/mortgage statements, utilities, and estimates.