



INDIANA NATIONAL GUARD **RELIEF FUND**

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

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Clear Form

Service Member information

All fields apply to the Service Member

SFRS / FPM NAME

April Espinda



Army



Air Guard

SERVICE MEMBER FULL NAME

Dreann Hanley

BEST CONTACT PHONE

(765) 225-8360

GRADE / RANK

E-5 / SGT / SSgt

HOME ADDRESS (STREET)

612 E Market St

CITY / STATE / ZIP

Crawfordsville, IN 47933

SSN (LAST 4)

5570

DATE OF BIRTH

09/20/1997

COUNTY

Montgomery County

CIVILIAN / PERSONAL EMAIL

dreannhanley97@gmail.com

INNG EMAIL

dreann.s.hanley.mil@army.mil

STUDENT?

2

EMPLOYMENT STATUS

Unemployed

EMPLOYMENT TYPE

Select One

UNIT

1313th ECC

ARMORY / BASE

JCA

COUNTY

Johnson County

MARITAL STATUS

Single

FAMILY IN DEERS?

2

IN DEERS

2

Household and related-person details

FULL-TIME ADULTS

1

FULL-TIME CHILDREN

2

AGES OF CHILDREN

13,4

PART-TIME ADULTS

0

PART-TIME CHILDREN

0

DAYS/MONTH CHILDREN LIVE IN SM HOME

365

RELATED PERSON LAST NAME

FIRST NAME

SSN (LAST 4)

DATE OF BIRTH

HOME ADDRESS (STREET)

CITY / STATE / ZIP

PHONE

EMAIL

RELATIONSHIP

INNG MEMBER?

Select One

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

April Espinda

RANK

Select One

TITLE

SFRS

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.

I was on DHS orders last year at the beginning of September until June of this year. I had to get off the orders due to childcare issues, my 4-year-old son is nonverbal and autistic. I am unable to get a job at the moment due to him needing me to be there to pick him up from ABA and preschool. I am his only available source of transportation. His father and I were living together until the middle of September of this year, he said that he'd take care of all the bills so I could be here for our son. We got into an argument and he left. He paid some bills but not the important ones. I have been on the hunt for a job but it has been difficult with the schedule my son has. The grant would help out tremendously so we wouldn't lose our home and only source of transportation.

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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.

Service Provider	Brief Description of Expense Rent, mortgage, water, electric)	Date Due	Frequency (Weekly, monthly, quarterly, yearly or one-time)	Amount \$
Veterans united Loan num	mortgage	9/1/26	Monthly	\$ 1558.58
Crawfordsville Electric &	Electric	10/6/2026	Monthly	\$ 229.7
Progressive auto 99142094	Car insurance	9/7/26	Monthly	\$ 227.49
Car max 68741175	Car payment	9/16/26	Monthly	\$ 455.19
American water 1010-2100	Water	10/22/26	Monthly	\$ 55.74
City of Crawfordsville 411	Sewer	10/16/26	Monthly	\$ 32.77
AT&T 3383339738	internet	9/23/26	Monthly	\$ 60.26
Groceries	Food	9/28/26	Weekly	\$ 100.00
GAS FOR CAR	gas	9/28/28	Weekly	\$ 50.00
Monthly Expense Total:				3219.74

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	\$ 628.47	Spouse income	
Monthly civilian income #2	\$ 184.00	Co-habitant income	
Monthly civilian income #3	\$ 31.53	Roommate income	
Monthly military income		Other household income (SSI, alimony, etc.)	
TOTAL SM Income:	\$ 844.00	TOTAL Other income:	\$ 0.00

Total:
SM Income

\$ 844.00

Total, Other
Income

\$ 0.00

Grand Total
Income:

\$ 844.00

Total,
Monthly
Expenses

\$ 3,219.74

Income vs Expenses

(\$ 2,375.74)

Requested Assistance: Expenses

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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
Veterans United	4001525708	\$ 3,224.04	10/1/26
Progressive	991420945	\$ 134.48	10/7/26
Car Max	68741175	\$ 935.38	10/16/26
Crawfordsville Electric	44343000340865	\$ 459.18	10/6/26
GRAND TOTAL ASSISTANCE REQUESTED		\$ 4,753.08	

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 Disclosure & Acknowledgment

Other grant support

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

Yes, emergency gift cards

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

Date 10/2025 Outcome 300
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

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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

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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

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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.