



Military Family Relief Fund (MFRF) Borrower's Checklist

Rank _____ Full Name w/Middle Initial _____ Unit _____ Date _____

Received By _____ Date App Rcvd. _____ Method Rcvd. (Fax, Email, Hand Delivered) _____

☐ **Emergency Expenses Appliances**

- ☐ Application
- ☐ MOB Orders
- ☐ Power of Attorney
- ☐ Minimum of 3 estimates
- ☐ Current LES (1 statement)
- ☐ Any other misc. documents related.

☐ **Emergency Expenses Reimbursement**

- ☐ Application
- ☐ MOB Orders
- ☐ Power of Attorney
- ☐ LES Statement
- ☐ Receipt for reimbursement:
 - If for childcare, must show receipts for childcare expense that is caused due to the deployment
 - Receipt for repairs that are minimal and require no estimates
- ☐ Any other misc. documents related

☐ **Loss of Income**

- ☐ Application
- ☐ MOB Orders
- ☐ Power of Attorney
- ☐ One month of income statements prior to Deployment for all who work/contribute financially (ex: Service Member and Spouse/Significant Other)
- ☐ One month of income statements during the Deployment for all who work/contribute financially (ex: Service Member and Spouse/Significant Other)
- ☐ One month of Deployment LES
- ☐ Any Drill checks, VA disability, pension etc., need to be included
- ☐ Any other misc. documents related.

Please Note: when completing the math for income replacement, calculate take home pay only, NOT before taxes.



FOR Colorado National Guard & Reserve Military Personnel

APPLICATION FOR THE MILITARY FAMILY RELIEF FUND

1. I, _____, request financial assistance from the MFRF.
(full name w/middle initial)
2. Name of Deployed Military Member: _____.
(If different from #1)
3. Is Military Member currently MOBILIZED on active duty for a minimum of 30 days? Yes ☐ No ☐ *(MUST provide copy of orders)*
4. Rank/Rate of Military Member: _____.
5. Branch of Service: *(Check one)*
COARNG ☐ COANG ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINES ☐
6. UNIT of Assignment: _____ LOCATION of Base/Armory: _____.
7. COLORADO Resident & Taxpayer? Yes ☐ No ☐ *(MUST provide copy of deployed LES)*
8. _____
Applicant's Street Address

City, State, Zip

E-mail address

(_____) _____
Home Telephone Number

(_____) _____
Work Telephone Number

(_____) _____
Mobile Telephone Number

9. Indicate the number of individuals whom you are financially responsible for in your household, including yourself:

of Adults _____ # of Children _____ Ages of Children: _____

10. Please check which assistance you are applying for:

☐ INCOME REPLACEMENT *(proceed to question 11)*

☐ DEPLOYMENT RELATED / EMERGENCY EXPENSE *(proceed to question 12)*

11. **INCOME REPLACEMENT:**

What **was** the total household income **PRIOR** to deployment?

MUST attach Military LES and/or payment stub from civilian employer (for member & spouse, if applicable) to reflect one month of household income prior to deployment.

Member: \$ _____

Spouse: \$ _____

Other: \$ _____

TOTAL: \$ _____

What **is** the total household income **DURING** deployment?

MUST attach military LES while deployed and payment stub (for spouse, if applicable) to reflect one month of household income while deployed.

Member: \$ _____

Spouse: \$ _____

Other: \$ _____

TOTAL: \$ _____

12. **DEPLOYMENT RELATED / EMERGENCY EXPENSE** please list below:
(example: childcare, household item. Attach spreadsheet with expenses listed if needed)

Item#1: Cost: \$ _

Item#2: Cost: \$

Item#3: Cost: \$

TOTAL Requested: \$

13. What is the nature of the need? Please list changes or circumstances that occurred during the deployment to increase the financial need? *(Provide additional sheet if needed)*

INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:

I authorize verification/release of the information that I am providing on this application. This authorization applies to organizations inside or outside of the Colorado National Guard. I authorize the Military Family Relief Fund Committee access to any pertinent records as necessary to evaluate my application.

Please Initial: _____

The information that I have provided on this Application Form is true and correct to the best of my knowledge.

Applicant's Signature

Date

STATEMENT OF CONFIDENTIALITY:

This application form is the primary source of information for determining an individual's eligibility for financial assistance through this Fund. Disclosure of information on these form is voluntary; however, failure to provide the requested information may mean the Committee will deny financial assistance because of insufficient information. The Committee will maintain confidentiality regarding the application and assistance given or denied, except as detailed in the release authorization above.

ATTACH THE FOLLOWING IF APPLYING FOR *INCOME REPLACEMENT*:

1. Mobilization Orders **to support question #3.**
2. Military LES (Leave and Earning Statement) or civilian payment stub to show you are a CO taxpayer **to support question #7.**
3. A previous LES from military service (Leave and Earning Statement) and/or payment stub from civilian employment representing household income PRIOR to deployment, for both the Service Member and Spouse **to support question #11.**
4. A recent LES from military service (Leave and Earning Statement) and/or payment stub from civilian employment representing household income DURING deployment, for both the Service Member and Spouse **to support question #11.**
5. Power of Attorney (if spouse is applying).

ATTACH THE FOLLOWING IF APPLYING FOR *REIMBURSEMENT*:

1. Mobilization Orders **to support question #3.**
2. Military LES (Leave and Earning Statement) that reflect payment while deployed. This will show you are a CO taxpayer **to support question #7.**
3. All receipts to show evidence that payment has been made. If a household appliance was purchased, provide repair estimate along with receipt for the replacement. If applying for childcare reimbursement (due to additional charges incurred during the deployment), must provide invoice from childcare provider and in some cases, bank statements to show checks/deposits were made.
4. Power of Attorney (if spouse is applying).

Military Family Relief Fund
Application for Colorado National Guard and Reserve Military Personnel



FOR OFFICIAL USE ONLY

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Fax: (720) 250-1199



Military Family Relief Fund
Committee Decision Form

A decision concerning this request requires a meeting of at least three committee members. The decision to approve a grant requires unanimous approval of those present.

Applicant _____ Unit _____ Date _____

Amount Requested: \$ _____ Amount Approved: \$ _____
(please explain difference of approved amount vs. amount requested below)

Processor _____ Date of Approval _____

<u>Approved</u>	<u>Disapproved</u>	<u>Committee Member</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment Information

Pay to the order of:	Check Amount:	Check Number:	Date:
Address:	City:	State:	Zip:

Pay to the order of:	Check Amount:	Check Number:	Date:
Address:	City:	State:	Zip:

Pay to the order of:	Check Amount:	Check Number:	Date:
Address:	City:	State:	Zip:

Pay to the order of:	Check Amount:	Check Number:	Date:
Address:	City:	State:	Zip:

NOTES

