

APPLICATION FORMS AND PROCEDURES AS OF JANUARY 1, 2012
GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.
CNGC 1000 HALSEY AVE., BLDG 447, 840 FINCH CENTER, MARIETTA, GA 30060
678-569-5704 (tel)
WEBSITE: www.georgiaguardfamily.org

The Georgia National Guard Family Support Foundation, Inc. is a non-profit 501 (c) (3) charitable corporation established in 1994 for the primary purpose of providing assistance on an emergency relief basis to soldiers and airmen serving in the Georgia National Guard and other qualified military members living in the State of Georgia.

Applications should be verified as an EMERGENCY situation and the UNIT VALIDATION CERTIFICATION BE SIGNED by the Commander or a full-time unit member designated by the Commander; the First Sergeant; the Administrative Officer or the Readiness NCO and be scanned to: harriet.morgan@us.army.mil

Emergency situations include, but are not limited to, pay problems, illness, injury, recent loss of employment, natural disaster or destruction of property by fire, water or other man-made destruction. The fund is not intended for long-term or recurring financial support. Neither is the fund to be used to alleviate situations caused by failure to follow proper routine pay procedures. Eligibility requires that applicant must be MOSQ/AFSC Qualified and assigned to a MTOE/TDA or ANG UNIT and must be receiving UTA or ADOS pay from their assigned unit for a minimum of three consecutive months. (Soldier's or Airmen assigned to an RSP or student flight are not eligible for assistance)

Two types of requests for EMERGENCY RELIEF ASSISTANCE are available: GRANTS or LOANS

GRANTS:

Requests for Grants can exceed \$500.00 based on circumstances, but are not routinely approved. GRANTS do NOT have to be repaid.

LOANS:

Requests for Loans can exceed \$ 500.00 based on circumstances, but are not routinely approved. LOANS are offered on an interest-free basis and MUST be repaid, usually by ACH Debits from your checking or savings account.

Please Note:

If a LOAN account is insufficient and a payment is returned, a \$25.00 penalty fee will be charged.

If a LOAN account is insufficient twice or the account is closed without notification to the FOUNDATION, the ACH Debit process will be stopped and the loan will be called due and payable in full, including the penalty fees.

In all cases, APPLICANTS are encouraged to contribute to the FOUNDATION when their financial situation improves. In this way, Georgia National Guard Members, their families and other qualified military members living in the State of Georgia can be helped during financial hardship. You can make a contribution on our website, from your State of Georgia Tax Return, through the Combined Federal Campaign, the State Charitable Contributions Program, or simply mail a donation.

INSTRUCTIONS:

- ♦ Applicant must complete the application form in its entirety.
- ♦ Unit Validation Certification must be completed and signed by the proper chain of command.
- ♦ Include copies of actual bills requested to be paid by the Foundation with the completed Application.
- ♦ Authorization Agreement for Direct Payments (ACH Debits) must be completed and signed with Bank Depository Name and a VOID CHECK, OR a Bank Statement must be attached with applicant's name, address, routing number for debits, and account number.

CALL 678-569-5704 IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION.

SCAN COMPLETED APPLICATION TO: harriet.morgan@us.army.mil

THE GEORGIA NATIONAL GUARD FOUNDATION BOARD REVIEWS APPLICANT'S INFORMATION
AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.

GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.

****APPLICATION FOR EMERGENCY RELIEF ASSISTANCE ****

678-569-5704 (Tel) or scan to: harriet.morgan@us.army.mil

1. _____ 2. SSN: _____
(PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME)
3. RANK OR "CIV", if Civilian _____ 4. ETS DATE: _____ 5. MOS/AFSC QUALIFIED AS: _____ (YES/NO) 6. MTOE/TDA/ANG UNIT: _____
7. MILITARY STATUS OF GUARD MEMBER – CHECK ALL THAT APPLY:
FULL TIME TECHNICIAN: _____ ACTIVE GUARD/RESERVE: _____ TRADITIONAL: _____ DEPLOYED: _____
8. STREET ADDRESS: _____ CITY, STATE AND ZIP: _____
9. CONTACT NUMBERS: (HOME) _____ (CELL) _____ (WORK) _____
10. EMAIL ADDRESS: _____
11. NUMBER OF INDIVIDUALS IN YOUR HOUSEHOLD WHO YOU ARE FINANCIALLY RESPONSIBLE FOR, INCLUDING YOURSELF: _____
12. WHAT IS THE TOTAL MONTHLY NET INCOME FOR YOUR HOUSEHOLD: _____
13. WHAT IS THE TOTAL MONTHLY DEBT FOR YOUR HOUSEHOLD (ADD ALL THE BILLS YOU MUST PAY EACH MONTH): \$ _____
14. EMPLOYER NAME/POC: _____ EMPLOYER PHONE: _____
EMPLOYER ADDRESS: _____ CITY, STATE AND ZIP: _____ HOW LONG EMPLOYED: _____
15. LIST ONE RELATIVE AND ONE FRIEND (NOT RESIDING WITH YOU) WHO THE COMMITTEE COULD CONTACT, IF NECESSARY:
- NAME (RELATIVE) _____ PHONE: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
- NAME (FRIEND): _____ PHONE: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
16. WHAT IS THE NATURE OF YOUR EMERGENCY? (i.e., CAN'T BUY FOOD OR MEDICINES, CAN'T PAY RENT, ETC.) PLEASE EXPLAIN:
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17. WHAT CAUSED THIS EMERGENCY: (i.e., LOST JOB, MAJOR MEDICAL PROBLEMS, DEATH IN FAMILY, ETC.) PLEASE EXPLAIN:
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18. WHAT HAVE YOU DONE TO SOLVE THE PROBLEM: (i.e., used AER or AFAS if you are on active duty, called creditors to arrange payment schedule, sought credit elsewhere (specify where), asked for assistance from relatives, etc.) PLEASE EXPLAIN:
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19. I REQUEST A LOAN IN THE AMOUNT OF \$ _____ AND AGREE TO THE PAYMENT TERMS OUTLINED HEREIN; OR,
I REQUEST A GRANT IN THE AMOUNT OF \$ _____ BECAUSE I AM UNABLE TO REPAY A LOAN BASED ON THE INFORMATION PROVIDED.

20. LIST PLANNED USE OF GRANT OR LOAN, IF APPROVED. ATTACH CURRENT COPIES OF ACTUAL BILLS OR STATEMENTS.

PAYEE:	AMOUNT:	DATE DUE:

21. ATTACH SEPARATE SHEET FOR ADDITIONAL INFORMATION OR REMARKS, IF NECESSARY.
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UNIT VALIDATION CERTIFICATION

I, the undersigned, have examined this application for assistance and certify the claim to be valid and the request for emergency financial assistance is necessary and that applicant has exhausted all other resources available for assistance. I also verify that the proper chain of command has been notified.

CHAIN OF COMMAND PRINTED NAME: _____ TITLE: _____ UNIT: _____

CHAIN OF COMMAND VERIFICATION SIGNATURE: _____ DATE: _____

CONTACT INFO: WORK # _____ ; HOME# _____ ; OTHER# _____ ; EMAIL: _____

GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.
EMERGENCY RELIEF APPLICATION AND PROCEDURES EFFECTIVE JANUARY 1, 2012

STATEMENT OF CONFIDENTIALITY:

This application form and the verification and release authorization are the primary sources of information for determining an individual's eligibility for financial assistance. Disclosure of information on these forms, including the applicant's social security number is voluntary. Failure to provide the requested information may mean the Foundation Board will deny assistance because of insufficient information. The Foundation Board will maintain confidentiality regarding the application and assistance given or denied, except as detailed in the release authorization below:

INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:

1. I authorize verification/release of the information I am providing on this application. This authorization applies to organizations inside or outside of the Georgia National Guard for the purposes of evaluating this application and/or for collection proceedings if a loan is approved and payment is late. I authorize the GA NATIONAL GUARD FOUNDATION BOARD access to any pertinent records as necessary to evaluate my application. Please initial: _____
 2. I will complete the automatic debit form that allows a loan payment to be automatically debited from my checking or savings account. Please initial: _____
 3. I will immediately contact the Georgia National Guard Family Support Foundation, Inc. if I have difficulty making payments Please initial: _____
 4. I agree to notify the Foundation immediately of any change of address, phone number, or banking relationship during the repayment period of my Loan Agreement. Please initial: _____
 5. I understand that if a Loan account is insufficient and a payment is returned, a \$ 25.00 penalty fee will be charged. I further understand that if a Loan account is insufficient twice or the account is closed, the ACH Debit process will be stopped and the loan will be due and payable in full, including any applicable penalty fees. Please initial: _____
 6. I understand that that Board will contact my unit commander if any loan payment is past due, and that the Foundation Board will initiate action to garnish my National Guard pay, if necessary, to insure repayment of a loan. Please initial: _____
 7. The information I have provided on this Application Form is true and correct to the best of my knowledge. Please initial: _____
- APPLICANT'S SIGNATURE: _____ DATE: _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: GEORGIA GUARD CREDIT UNION

COMPANY ID NUMBER: 061092015

I (we), hereby authorize the GEORGIA GUARD CREDIT UNION, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account or Savings Account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

BANK DEPOSITORY NAME: _____ AMOUNT: \$ _____ FREQUENCY: _____

BANK ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____ SAVINGS: _____ CHECKING: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

YOUR NAME(S) PRINT: _____

YOUR SIGNATURE(S): _____ DATE: _____

A 'VOID' CHECK OR A COPY OF A VOID CHECK, PRE-PRINTED WITH YOUR NAME AND ACCOUNT INFORMATION MUST BE ATTACHED FOR ACCOUNT VERIFICATION PURPOSES. IF YOU DO NOT HAVE A CHECKING ACCOUNT, YOU MUST SUBMIT A STATEMENT FROM YOUR DEPOSITORY BANK VERIFYING YOUR ACCOUNT INFORMATION.