

Indiana National Guard Relief Fund - giving Indiana Service Members and their families a helping hand

With all of the mobilizations going on in the military, including the Global War on Terror and Disaster Relief, it's becoming increasingly more difficult for military families to meet the challenges that come with these extended periods of separation. The Indiana National Guard Relief Fund, Inc. provides financial grants to Indiana service members and their families encountering difficult situations due to service members being mobilized, or during times of unexpected financial hardships beyond their control.



Overview

The Indiana National Guard Relief Fund is a private, non-profit, tax exempt corporation. It is not an Army or Department of Defense organization. Funds are not for use by the Army and Government can not dictate the use of funds. Our Mission is accomplished by giving funds to service members and their families for limited financial relief.

Stipulations:

- ✦ Meet Eligibility Requirements
- ✦ Submit Written Application Packet
- ✦ Provide the necessary documents requested
- ✦ **Not an emergency relief fund**
(Approximate processing time is 30 days)

Who is eligible?

Indiana Army or Air National Guard Service Members in good standing are eligible to apply. If unemployed or underemployed, applicant must contact one of the following Employment Assistance Programs: Operation Job Ready Vets at 1-855-456-2732; IN Veteran Service Center at 1-844-480-0009. (*Eligibility to apply does not guarantee a grant award. Application packet must prove a financial hardship related to deployment or unexpected event/s beyond their control.)

Two Different Fund Types:

Fund A – Deployment Hardship Grant

- ✦ Up to \$10,000 (Max)
- ✦ Deployment in support of Global War on Terror
- ✦ Eligible Title 10 or 32 Duty Status
- ✦ Prove A Financial Hardship Related to Deployment
- ✦ Member in good standing

Fund B – National Guard Hardship Grant

- ✦ Up to \$2,500 (Max)
- ✦ Any duty status is eligible to apply
- ✦ Prove An Unexpected Financial Hardship Beyond Their Control
- ✦ Member in good standing

Potential Areas of Assistance:

- ✦ Non receipt of pay
- ✦ Loss of income
- ✦ Medical, Dental & Hospital expenses
- ✦ Clothing
- ✦ Utilities
- ✦ Fire or other disasters
- ✦ Essential private owned vehicle
- ✦ Unexpected repairs
- ✦ Dependant funeral expenses
- ✦ Rent/Mortgage
- ✦ Food

Ineligible Areas of Assistance:

- ✦ Divorce/ Marriage expenses
- ✦ Lease or purchase of a vehicle
- ✦ Ordinary leave
- ✦ Continuing assistance (same hardship, multiple applications)
- ✦ Bad checks
- ✦ Liquidation or consolidation of debts
- ✦ Business ventures or investments
- ✦ Goods or items of convenience or luxury
- ✦ Court fees, fines, judgments, liens, bail, legal fees, income tax or child support
- ✦ Civil Suits/Bankruptcies
- ✦ Credit Cards
- ✦ Student Loans/College Tuition

If Granted:

All checks will be made payable to the creditor/service provider.

Online applications available at:

www.in.ng.mil

To receive an application or assistance please contact a Family Assistance Specialist at the above website or call the Family Program Office at 317-247-3300 x73192.

Incomplete packets will not be considered by the INGRF committee.



Indiana National Guard Relief Fund (INGRF) Application

For more information please call 1-800-237-2850, Ext: 73192

Mail or Fax To: Indiana National Guard Relief Fund
ATTN: JFHQ-J9-FP
2002 S. Holt Road
Indianapolis, IN 46241
Fax: 317- 481-5961

Military Member's Information

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

RANK: _____ SOCIAL SECURITY NUMBER: _____

EMPLOYMENT STATUS: EMPLOYED _____ UNEMPLOYED / UNDEREMPLOYED: _____

HOME STATION UNIT OF ASSIGNMENT: _____

IS MEMBER MARRIED: _____ IF NO, DOES MEMBER HAVE A FAMILY MEMBER IN DEERS? _____

SPOUSE'S INFORMATION (OR IF OTHER THAN MILITARY MEMBER)

NAME: _____ SSN: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ RELATIONSHIP TO MILITARY MEMBER: _____

EMPLOYMENT STATUS: EMPLOYED _____ UNEMPLOYED / UNDEREMPLOYED: _____

I / WE **HAVE/HAVE NOT** applied for the National Guard Relief Fund grant before.
(Circle One)

Type of grant applicant qualifies for: Service member must have been mobilized and show a financial hardship caused by their mobilization or military service _____ (FUND A)
Service member must have incurred an unexpected financial hardship _____ (FUND B)

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION (VERIFICATION MANDATORY)

I verify that is service member is in good standing with the unit, and all necessary documentation is attached.

NAME: _____

POSTION/TITLE: _____ PHONE NUMBER: _____

INCOME:

Total Service member civilian monthly income (after taxes; before deployment) \$ _____
 Total Military monthly income (after taxes) \$ _____
 Total Household monthly income (include spouse, roommates, etc) \$ _____
 Estimated total monthly living expenses \$ _____

I (Printed Name) _____ am requesting a grant* to pay for the following items:

BILLS:

List bills in order of importance (overdue first)

ITEM (Repair, Service, Bill, etc)	SERVICE PROVIDER (Company Name & Phone Number)	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____

(Please use extra sheets if additional space is necessary) Total Amount Requested \$ _____

****If granted, all checks will be made payable to the creditor/service provider.***

Required Documents

Please initial on the line below when each item is provided. Incomplete packets will not be reviewed by committee.

Initials

_____ (TAB A) Attach a written statement or letter from service member or family member (if member is deployed) describing the financial hardship that the grant will be used for. Please describe the circumstances that caused the hardship.

_____ (TAB B) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for.

_____ (TAB C) Attach a copy of your civilian payroll record or stub indicating the monthly salary prior to deployment. (Both husband and wife if married)

_____ (TAB D) Attach a copy of two of your most recent military (LES) salary.

_____ (TAB E) Attach a copy of your most recent W-2s AND 1040 Tax Return.

_____ (TAB F) Attach a copy of the mobilization or active duty orders issued by the authorized headquarters. (If you are qualified and applying for Fund A)

_____ (TAB G) I contacted the following Employment Assistance Program: (circle) OJRV or INVA (For unemployment/underemployment related hardships; contact # on flyer)

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the Relief Fund 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 form 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 Relief Fund 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. **I also understand that if funds are granted, a photo of myself and my statement of appreciation may be kept on file for the purpose of documentation for donors to the INGRE.***

Applicant Signature

Date