

# FOR Colorado National Guard and Reserve Military Personnel

## APPLICATION FOR THE MILITARY FAMILY RELIEF FUND

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1. I, \_\_\_\_\_, request financial assistance from the  
*(full name w/middle initial)* MILITARY FAMILY RELIEF FUND.
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. Social Security Number of Military Member: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
8. COLORADO Taxpayer? Yes  No   
*(MUST attach copy of **most recent** CO Income Tax)*

9. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Applicant's Street Address Home Telephone Number*

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*City, State, Zip Work Telephone Number*

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*E-mail address Mobile Telephone Number*

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

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ Ages: \_\_\_\_\_  
*(Of the children)*

11. Please check which assistance you are applying for:

INCOME REPLACEMENT  (proceed to question 12)  
 EMERGENCY EXPENSE  (skip to question 13)

12. What **was** the total household income PRIOR to deployment?  
*(MUST attach prior military LES and/or payment stub from civilian employment for each)*

You: \$ \_\_\_\_\_  
 Spouse: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 TOTAL: \$ \_\_\_\_\_

What **is** the total household income AFTER deployment?  
*(MUST attach current military LES and/or payment stub from civilian employment for each)*

You: \$ \_\_\_\_\_  
 Spouse: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 TOTAL: \$ \_\_\_\_\_

13. What changes or circumstances have occurred during the deployment to increase the financial need? (IE. change of housing for the family, increased child-care expenses, etc.) Please attach a copy of the bill(s).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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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.

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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 forms, including the applicant's social security number, is voluntary. However, failure to provide the requested information may mean the Committee will deny 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 DOCUMENTATION TO THIS Application:***

1. Mobilization Orders **to support question #3.**
2. 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 #12.** (Not required for Emergency Expense Application)
3. A recent LES from military service (Leave and Earning Statement) and/or payment stub from civilian employment representing household income AFTER deployment, for both the Service Member and Spouse **to support questions #4, #8, and #12.** (Not required for Emergency Expense Application).
4. Copies of any bills for Emergency Expense reimbursement.

Updated: Guard/Reserve Rev. 5 - 07-Feb-2008 crs