



# Military Family Relief Fund 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

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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 Home Telephone Number*  
  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*City, State, Zip Work Telephone Number*  
  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*E-mail address 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. 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. For Reimbursement of deployment-related / emergency expense, please list below:

*(example: childcare, household item. Attach spreadsheet with expenses listed if needed)*

Item#1: N/A Cost: \$ N/A

Item#2: N/A Cost: \$ N/A

Item#3: N/A Cost: \$ N/A

TOTAL Requested: \$ N/A

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)*

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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.

\_\_\_\_\_  
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 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).





Colorado National Guard Foundation, Inc.  
 12200 East Briarwood Ave Suite 160  
 Centennial, Colorado 80112  
 Telephone: (720) 250-1191  
 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 loan or 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>Loan</u>	<u>Grant</u>	<u>Disapproved</u>	<u>Committee Member (Print)</u>	<u>Initials</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**

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