



Indiana Department of Veterans Affairs

Military Family Relief Fund

The Military Family Relief Fund is designed to assist military families that are experiencing financial hardship, the funds are provided to assist these families in getting back on their feet. In combination with utilizing MFRF the Indiana Department of Veterans' Affairs offers several other services that will give the service member every opportunity to provide a steady life for their family.

All military members and veterans that served honorably with active duty time on their DD 214 may be eligible to receive a one-time emergency grant. The emergency grants may be used by the families for needs such as food, housing, utilities, medical services, basic transportation, childcare and other essential family support expenses which have become difficult to afford. Grants will be determined on a case-by-case basis and may be awarded as a **one-time** emergency grant not to exceed \$2,500.00.

Starting July 1, 2016 the Military Family Relief Fund will be available to all veterans and services members who have served 12 months of active duty time during a national conflict and/or war time, with an **honorable discharge**, and reside in Indiana. Please refer to Indiana Code 10-17-12 for more details on the law pertaining to the Military Family Relief Fund.

Requirements are:

- Application (both pages)
- Budget Worksheet
- Statement letter (explaining **IN DETAIL** your situation)
- Documentation of financial hardship (hospital discharge, termination letter, etc...)
- DD214 (honorable discharge and at least 12 months of active duty time other than initial training)
- Most recent tax return 1040 form and W-2
- Evidence of income (pay stubs, VA compensation, SSI, retirement, cash assistance, unemployment, etc.)
- Current bills, invoices, estimates, etc.
- Evidence of assets
- Direct deposit form (section 2 attach a voided check with current address or have your bank fill out section 2, make sure to sign section 3 of the form) (must have handwritten signatures)
- W9 (must have handwritten signature)
- Authorization form

Indiana Department of Veterans Affairs
Attn: Military Family Relief Fund
302 W. Washington St. Room E-120
Indianapolis, Indiana 46204
Fax: 317-232-7721
Email: MFRF@dva.in.gov

For more information please contact the following:

Arianne Jimenez
317-234-9615

William Thomas
317-234-8658



**Indiana Department of Veterans Affairs
Military Family Relief Fund (MFRF) Application**

If you need assistance completing this application, please call 1-800-400-4520

Mail To:

Indiana Department of Veterans Affairs
302 W. Washington Street E120
Indianapolis, IN 46204

Fax or Email To:

(317) 232-7721 / MFRF@dva.in.gov

MILITARY MEMBER'S INFORMATION

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

SOCIAL SECURITY NUMBER: _____ DISABILITY PERCENTAGE: _____

NUMBER OF DEPENDENTS: _____ MARITAL STATUS: _____

DATES OF SERVICE: _____ to _____ (mm/yy) DISCHARGE: _____

EMPLOYMENT STATUS: _____ MONTHLY INCOME: _____

EMAIL: _____

BRANCH OF SERVICE: ARMY ___ NAVY ___ MARINES ___ AIR FORCE ___ COAST GUARD ___

Please check branch of service

SPOUSE'S INFORMATION

SPOUSE: _____ SSN: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ BIRTHDAY: _____

EMPLOYMENT STATUS: _____ MONTHLY INCOME: _____

NAMES/AGES OF CHILDREN: _____

I/WE **HAVE** **HAVE NOT** applied for a MFRF grant before.
(Circle One) _____ Date of Last Application

If awarded funds through the Military Family Relief Fund, applicant MUST provide receipt of payments towards below mentioned bills no more than two weeks after payment approval.

AMOUNT APPROVED: \$ _____

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

ITEM (Rent, utility bill, repairs, etc.)	SERVICE PROVIDER (Company Name & Phone Number)	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____

Total Amount Requested \$ _____

Please use attachment(s) if additional space is necessary)

Total monthly gross **household** income including military pay, VA disability and SSI \$ _____

Items required for Proof are listed below. **Please check the line below when each item is provided.**

Requested Document

- _____ (TAB A) Attach written statement letter/supporting documents justifying hardship
- _____ (TAB B) Attach a copy of mobilization, active duty orders, or DD214 issued by authorized headquarters
- _____ (TAB C) Attach proof of Indiana residency
- _____ (TAB D) Attach a copy of your military/civilian payroll record or stub indicating the monthly salary (Both husband and wife if married)/ VA benefits letter/SSI etc.
- _____ (TAB E) Attach a copy of all assets owned by applicant
- _____ (TAB F) Attach a copy of your most recent Tax Return and W-2
- _____ (TAB G) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for

*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 State of Indiana and Joint Forces Headquarters or the appropriate Reserve Forces Command 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, however, failure to provide requested information may prohibit the processing of this grant application. In accordance with applicable laws, the State of Indiana and the appropriate Selected Reserves HQ 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, funds will be deposited by the State of Indiana directly into my checking or savings account.***

Applicant Signature

Date

Monthly Budget Worksheet		
Applicant: _____ Spouse: _____		
Number of Children Living in Household: _____		
Income	Amount	Notes (if Applicable)
Active Duty Pay / DoD Retirement	\$	
VA Disability Compensation	\$	
SCAADL / VA Caregivers	\$	
Food Stamps / State Aid	\$	
Social Security	\$	Veteran: Dependents:
School Benefits (GI Bill/Voc Rehab/Financial Aid)	\$	
Child Support	\$	
Veteran Employment	\$	Hourly Pay: Hours:
Spouse Employment	\$	Hourly Pay: Hours:
Unemployment	\$	
Special Pay	\$	
Other Income	\$	
Total Monthly Income	\$	
Expenses		
Rent / Mortgage	\$	
Vehicle Payment	\$	How many:
Vehicle Insurance	\$	
Electric	\$	
Water / Sewer / Garbage (total)	\$	
Gas / Propane for Home	\$	
Cable / Internet / Home Phone	\$	
Cell Phone	\$	
HOA Fees	\$	
Food	\$	
Medical (co-pays, prescriptions etc.)	\$	
Personal Needs	\$	
Gas (vehicle)	\$	
Child Care Payments	\$	
Child Support Payments	\$	
Legal Fees	\$	
Dining Out / Entertainment	\$	
Monthly Credit Card Payments	\$	How many:
Monthly Student Loan Payments	\$	How many:
Monthly Personal Loan Payments	\$	How many:
Monthly Allocated to Savings	\$	
Other	\$	
Total Monthly Expenses	\$	
Difference		
Total Income	\$	
Total Expenses	\$	
Monthly Surplus / Deficit	\$	

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
Exempt payee code (if any) _____		
Exemption from FATCA reporting code (if any) _____		
<small>(Applies to accounts maintained outside the U.S.)</small>		
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



**AUTOMATED DIRECT DEPOSIT
AUTHORIZATION AGREEMENT**

State Form 47551 (R5 / 4-14)
Approved by State Board of Accounts, 2014
Approved by Auditor of State, 2014

Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.

This form must be accompanied by a W9.

Please print clearly and legibly in blue or black ink.

See Instructions on Reverse.

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

_____	_____
Printed Name (as shown on the account)	Federal Identification Number / Social Security Number
_____	_____
Address (Number and Street, and/or PO Box Number)	City, State, and ZIP Code (00000-0000)

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL

Add Deposit Change Deposit (prior information: _____)

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

Type of Account: Checking (Demand) Savings

ATTACH A NON-ALTERED VOIDED CHECK HERE.	<i>(You must either attach a non-altered, matching voided check or have your financial institution complete this section.)</i>		ATTACH A NON-ALTERED VOIDED CHECK HERE.
	The financial institution identified below agrees to accept automated deposits under the terms set forth herein:		
	Name of Financial Institution: _____	Telephone: (____) _____	
	Address: _____	_____	
	Number and Street, and/or P.O. Box Number	City, State, and ZIP Code (00000-0000)	
	_____, 20____	_____	
Date (month, day)	Financial Institution's Authorized Signature / Title		
_____	_____		
ABA Transit-Routing Number	Account Number		

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS

(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.

NAME (print or type) _____ TITLE _____ TELEPHONE _____

AUTHORIZED SIGNATURE _____ DATE (month, day, year) _____

STATE OF INDIANA

DEPARTMENT OF VETERANS AFFAIRS

302 WEST WASHINGTON STREET ROOM E120
INDIANAPOLIS, INDIANA 46204-2738



Eric J. Holcomb, Governor

James M. Brown, Director

AUTHORIZATION FOR CONSENT TO RELEASE INFORMATION

I _____, hereby authorize the Indiana Department of Veterans' Affairs access to obtain information pertaining to my financial institution, billing/payment information and employment history. I fully release the Indiana Department of Veterans' Affairs, and any and all employees, directors, and agent's permission to request verification of any information provided to them by me from the vendors in which I am requesting assistance with. I agree to willingly provide any information required to assist in this process.

It is to my understanding that the information being obtained will only be used in determining my eligibility for the Military Family Relief Fund and any other services I may apply for through the Indiana Department of Veterans' Affairs. I understand that the individuals reviewing my case determines the outcome and can decide to allocate funds approved directly to the vendors.

I hereby state that all information I have provided to the Indiana Department of Veterans' Affairs, in any form, is true to the best of my knowledge. I understand that any known misrepresentation made to the Indiana Department of Veterans' Affairs will result in denial of services and may exclude me from further consideration for services requested. Any information being obtained will not be used in violation of any federal or state law or regulation.

Printed Name and Title

Printed Name and Title

Authorized Signature

Date

Authorized Signature

Date

For Official Use Only

Date Received: _____

Received By: _____