



## Indiana Department of Veterans Affairs Military Family Relief Fund

The Military Family Relief Fund is designed to assist military and veteran 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 and veterans 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, transportation 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.

Starting July 1, 2016 the Military Family Relief Fund will be available to all veterans who have served active duty during a wartime period and reside in the State of Indiana.

### **Requirements are:**

- Application (both pages)
- Statement letter (explaining **IN DETAIL** your situation)
- Documentation of financial hardship
- DD214 (honorable discharge and at least 12 months of active duty time other than initial training)
- 2015 tax return form 1040
- Evidence of income (pay stubs, VA compensation, Social Security, cash assistance, 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)
- W9
- Authorization form

In the event a service member/veteran is in need of financial assistance they may complete the application and submit it to:

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

**For more information please contact the following:**

LaTasha Gray  
317-234-8656

Arienne Jimenez  
317-234-9615



**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 To:**

(317) 232-7721

**MILITARY MEMBER'S INFORMATION**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ 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 OR DEPENDENT'S INFORMATION**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP TO MILITARY MEMBER: \_\_\_\_\_

EMPLOYMENT STATUS: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

I/WE **HAVE** **HAVE NOT** applied for a MFRF grant before.  
(Circle One)

**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.**

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

ITEM (Repair, Service, Bill, 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 and VA disability \$ \_\_\_\_\_

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 describing your current situation
- \_\_\_\_\_ (TAB B) Attach supporting documentation justifying hardship
- \_\_\_\_\_ (TAB C) Attach a copy of mobilization, active duty orders, or DD214 issued by authorized headquarters
- \_\_\_\_\_ (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/any and all income received
- \_\_\_\_\_ (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



**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



Michael R. Pence, 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: \_\_\_\_\_