

Arizona Military Family Relief Fund (MFRF) Financial Assistance Application

If you require assistance completing this application, please contact:

Arizona Department of Veterans' Services
3839 N. 3rd Street Suite 209, Phoenix, AZ 85012
Phone: 602-255-3373 / Email: mfrf@azdvs.gov

or

ADVS Veteran Benefit Counselors (VBCs)
Use the Office Locator to find the nearest
VBC to you: bit.ly/ADVSOOfficeLocator

Service member / Veteran Name: _____

Applicant Name (If different than service member/Veteran): _____

Phone Number: _____ **Email:** _____

How did you hear about this program? _____

Please check the box that specifies when you deployed
Before 9/11/2001
After 9/11/2001



Financial Assistance Eligibility Requirements

Service Members and Veterans discharged under honorable conditions who meet all of the following criteria may be eligible (Arizona Revised Statute 41-608.04):

1. Deployment	2. Arizona Residency (one of the following must apply to the service member or veteran)	3. Financial Hardship (one of the following must apply)
Military deployment is the movement of armed forces. Deployment includes any movement from a military service member's home station to somewhere outside the continental U.S. and its territories.	Claimed Arizona as home of record OR Member of Arizona National Guard at time of deployment OR Deployed from an Arizona military installation	<p>For Veterans: must demonstrate that a deployment caused their current financial hardship</p> <p>For family members of a service member: must demonstrate that a financial hardship is due to the service member's current deployment</p> <p>For surviving families: service member or Veteran died or was wounded in the line of duty and family members need financial assistance with travel and living expenses</p> <p>(If a widow, widower or dependent child of a deceased service member is applying for financial assistance, the service member must have died in the line of duty in a combat zone or a zone where the person was receiving hazardous duty pay)</p>

Service Member / Veteran's Last Name: _____ **Last Four SSN:** _____

APPLICANT NARRATIVE

Please type or write legibly

1. Describe your current financial hardship and why you are requesting financial assistance:

2. Explain in detail how your current or past deployment affects your ability to meet your current financial obligations:

3. Describe how this assistance will help you achieve financial stability:

REQUESTED ASSISTANCE

Company Name (landlord, mortgage lender, auto insurance/payment lender, utility company, etc.)	Type (rent, mortgage, utilities, etc.)	Account Number	Cost per month	Number of months requested	Total amount requested
TOTAL				TOTAL	

HOUSEHOLD MONTHLY INCOME (Monthly Average)

A.	Income Source	Amount
	Salary of Service Member	
	- Place of employment	
	Salary of Spouse/Significant Other	
	- Place of employment	
	VA Disability Income	
	GI Bill Monthly Stipend	
	Social Security Income (SSI or SSDI)	
	Child Support (Received)	
	Other Household (List)	
(A)	TOTAL INCOME	

AVERAGE MONTHLY EXPENSES

B.	Essential Expenses	Amount
	Alimony/Child/Family Support	
	Childcare	
	Electric/Gas	
	Water/Sewer/Garbage	
	Telephone	
	Internet	
	Medical Expenses/Prescriptions	
	All Rental/Mortgage Expenses	
	Auto Payment	
	Auto Insurance	
	Food/Household item	
	School Expenses	
	Gas (Auto)	
(B)	TOTAL EXPENSES	

Individuals Currently Living In Household	
Name/Age	Relationship

C. DEBT

Include Auto Loans and all unsecured debt with balances over \$100

C.	Creditor Name	Purpose (if Auto, include YR/Make/Model)	Date Incurred	Original Amount	Monthly Payment	Are you currently making monthly payment? Months to go? Y/N
(D)	TOTAL INDEBTEDNESS*					(D)

FOR OFFICAL USE ONLY

TOTAL INCOME: \$ _____ TOTAL EXPENSES: \$ _____ SURPLUS or DEFICIT: \$ _____

State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

1	Type of Request (Must select at least ONE) <input type="radio"/> New Request <input type="radio"/> New Location (Additional Address ID) <input type="radio"/> Change - Select the type(s) of change from the following: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Tax ID</td> <td><input type="checkbox"/> Legal Name</td> <td><input type="checkbox"/> Entity Type</td> <td><input type="checkbox"/> Minority Business Indicator</td> </tr> <tr> <td><input type="checkbox"/> Main Address</td> <td><input type="checkbox"/> Remittance Address</td> <td><input type="checkbox"/> Contact Information</td> <td></td> </tr> </table>			<input type="checkbox"/> Tax ID	<input type="checkbox"/> Legal Name	<input type="checkbox"/> Entity Type	<input type="checkbox"/> Minority Business Indicator	<input type="checkbox"/> Main Address	<input type="checkbox"/> Remittance Address	<input type="checkbox"/> Contact Information																				
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2	Taxpayer Identification Number (TIN) (Provide ONE Only) <div style="display: flex; justify-content: space-between; align-items: center;"> TIN - - - - OR SSN - - </div>																													
3	Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.) <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> Legal Name </div> <div style="border: 1px solid black; padding: 2px;"> DBA Name </div>																													
4	Entity Type (Must select ONE of the following) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;"><input type="radio"/> Individual/Sole Proprietor or Single-Member LLC</td> <td style="width: 50%;"><input type="radio"/> The US or any of its political subdivisions or instrumentalities</td> </tr> <tr> <td><input type="radio"/> Corporation</td> <td><input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities</td> </tr> <tr> <td><input type="radio"/> Partnership</td> <td><input type="radio"/> Other: Tax Reportable Entity</td> </tr> <tr> <td><input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships</td> <td><input type="radio"/> Other: Tax Exempt Entity</td> </tr> </table> <div style="margin-top: 5px; display: flex; justify-content: flex-end;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 100px;">Description</td> <td style="width: 150px; height: 20px;"></td> </tr> </table> </div>			<input type="radio"/> Individual/Sole Proprietor or Single-Member LLC	<input type="radio"/> The US or any of its political subdivisions or instrumentalities	<input type="radio"/> Corporation	<input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities	<input type="radio"/> Partnership	<input type="radio"/> Other: Tax Reportable Entity	<input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships	<input type="radio"/> Other: Tax Exempt Entity	Description																		
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9	Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">Exemption Code for Backup Withholding</td> <td style="width: 50%; border: 1px solid black; padding: 2px;">Exemption Code for FATCA Reporting</td> </tr> </table>			Exemption Code for Backup Withholding	Exemption Code for FATCA Reporting																									
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10	Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxpayer Identification Number, and 2. I am not subject to Backup Withholding because: (a) I am exempt from Backup Withholding, or (b) I have not been notified by the 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 3. I am a US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. 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.																													
	Signature	Print Name	Date																											

APPLICANT CERTIFICATION

Please initial each line then sign and date below

_____ I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I am providing the enclosed information to apply for financial assistance and authorize the Arizona Department of Veterans' Services (ADVS) to speak with any organization cited in this application packet to verify the information I provide. I understand that knowingly making a false statement in the application may be cause for denial of this application and/or referral for legal action, including but not limited to criminal prosecution.

_____ I authorize any and all organizations and persons cited in this application, including their representatives, agents, employees, successors and assigns, to provide any and all information requested by the Arizona Department of Veterans' Services for the Arizona Department of Veterans' Services review and verification of this application. I hold harmless any and all organizations and persons cited in this application, including their representatives, agents, employees, successors and assigns, for providing the information herein authorized to the Department as requested.

_____ I understand all assistance payments are made directly to the Third Party to which I owe or will owe money and that I am responsible for providing accurate billing statements, addresses and account numbers. **I understand I will receive an Arizona 1099 Form for financial assistance and will be required to report my MFRF financial assistance as income at tax time.** I understand that ADVS cannot provide additional information about taxes and I should contact my tax advisor for information about my taxes.

Applicant Signature

Date

Required Documentation (submit with application):

- | | |
|---|--|
| <input type="checkbox"/> DD214 / military orders | <input type="checkbox"/> Completed W9 (on page 4, only fill out highlighted fields) |
| <input type="checkbox"/> Two months of bank statements | <input type="checkbox"/> Past due/future bills for which you are requesting financial assistance |
| <input type="checkbox"/> Two months of paystubs/income | <input type="checkbox"/> VA decision letter and ratings (if applicable) |
| <input type="checkbox"/> For families: Proof of relationship to service member/Veteran (e.g. birth certificates, marriage license, divorce decree, child support order) | |

Submit completed application and all required documentation to one of the following:

Fax: 602-297-6684

Email: mfrf@azdvs.gov

Mail or Drop off:

Arizona Department of Veterans' Services

Attn: MFRF

3839 N. 3rd Street, Suite 209, Phoenix, AZ 85012