

APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE



Financial assistance is available for active duty service members, post 9/11 veterans and their families for hardships caused by the service member's deployment to a combat zone. For separated service members, this includes but is not limited to hardships caused by combat connected disabilities. In order to qualify, the service member or veteran must clearly demonstrate the financial need was caused by their deployment and service or occurred during service member's deployment.

Eligibility Requirements

Service Members and post 9/11 veterans must meet all three eligibility requirements:

1. Deployment	2. Arizona Residency	3. Hardship
Deployed to a combat zone after September 11, 2001	A. Claimed Arizona as home of record, or B. Member of the Arizona Army National Guard, Air National Guard or Reserve Component at time of combat deployment, or C. Deployed to a combat zone from an Arizona military installation	Hardship occurred during combat deployment, or is caused, related or contributed to by combat deployment

Assistance Guidelines

Family members of Service Members who were killed in action:

- May request up to six months living expenses and other appropriate expenses as determined by the Arizona Military Family Relief Fund Advisory Committee

Family members of Service Members who were wounded in action:

- May request temporary living and travel expenses while care is being delivered to the qualifying service member
- May request living expenses or other appropriate expenses as determined by the Arizona Military Family Relief Fund Advisory Committee

Families of Service Members and Veterans who are experiencing financial hardship:

- May request living expenses or other appropriate expenses as determined by the Arizona Military Family Relief Fund Advisory Committee to resolve:
 - An unforeseen financial emergency during combat deployment of a Service Member.
 - A financial hardship caused by combat deployment and to assist with transition to financial stability.
 These assistance grants are typically limited to a maximum of three months at a time.

The lifetime assistance limit for service members, post 9/11 veterans and their families is up to \$10,000.

Applicants can receive Emergency Assistance of up to \$3,000. An emergency includes a service member becoming killed or wounded in action, imminent threat of eviction or utility termination, etc. Applicants can receive Emergency Assistance only once. This one time limit is regardless of previous application denials or awards by the full Advisory Committee.

The Arizona Military Family Relief Fund Advisory Committee may exceed the lifetime limit of \$10,000 and award up to \$20,000 if two-thirds majority of the entire Committee membership agrees to recommend approval of the grant.

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Award Criteria

Eligible Categories for Assistance:

- Travel and temporary living expenses for families to be with wounded service members while care is being rendered or to attend funerals for service members killed in action
- Unforeseen financial emergency during deployment of a service member or caused by service member being killed or wounded in action
- Basic living expenses to assist with deployment related hardships

Basic and temporary living expenses are defined as:

- Housing Expenses – mortgage/rent, repairs, insurance, HOA fees
- Vehicle Expenses – payments, insurance, repairs
- Utilities – electricity, water, gas, internet and primary phone*
*Phone expense limited to \$150/mo and does not include equipment charges
- Medical Expenses, such as bills & prescriptions
- Food, fuel and incidentals*
*Perishable items, such as groceries, personal needs, gasoline, etc; may be considered as a reimbursable expense by the Advisory Committee or Emergency Subcommittee, therefore requiring applicant to submit receipts for purchases. If applying for grocery assistance, please state whether you have applied to the DES Nutrition Assistance Program (food stamps).

Ineligible Hardships and Expenses

Financial assistance cannot be granted for hardships caused by:

- Civil, legal or domestic issues and misconduct, including traffic tickets or other fines, or any issues that are a direct result of spousal separation or divorce
- Military debt, VA debt, GI Bill debt or delays, or other Benefit debt
- Economic issues not related to military service
- Financial mismanagement by self or others, or due to bankruptcy
- Commercial ventures, investments, etc (including losses)

The following expenses are ineligible for assistance **unless** the applicant can clearly demonstrate the financial need was caused by their combat deployment and include the appropriate documentation:

- Credit cards, military charge cards or retail store cards
- Personal, student or payday loans
- Unsecured debt or loans, including loans or debt owed to a friend/family member
- Military debt, VA debt or other Benefit debt
- Negative bank accounts, including overdraft fees and charges
- Cable/Satellite TV
- Taxes
- Legal expenses
- Rental furniture, electronic equipment, vehicle, etc
- Down payments on homes or vehicles, or assistance in purchasing personal property
- Bills obviously due to excessive use or mismanagement

The Arizona Military Family Relief Fund Advisory Committee reserves the right to make exceptions on a case-by-case basis to the aforementioned criteria.

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Application Instructions / Checklist

1. Ensure the narratives describing how deployment caused/contributed to applicant's hardship, what assistance is being requested and how the assistance contributes to the applicant's financial plan are complete. Additional pages are encouraged if needed to provide an accurate description of the applicant's situation.
 - a. Narrative must demonstrate hardship was the result of deployment and service in a combat zone, and should include what steps applicant has taken to resolve the hardship.
 - b. Applicant must specifically list what assistance they are requesting, which must include dollar amounts for assistance and the payable information. ALL ASSISTANCE PAYMENTS ARE MADE DIRECTLY TO THE CREDITOR / THIRD PARTY. Supporting documentation, such as billing statements, are required.
 - c. Applicant must detail their financial plan and/or future plan and how assistance from the Military Family Relief Fund contributes to this plan to attain stability.
2. Financial Worksheet Boxes A & B: All monthly household income and expenses must be stated. Convert weekly or semi-annual payments into monthly averages. All income/expenses from individuals in the home who constitute a family unit must be totaled.
3. Financial Worksheet Boxes C & D: All debts/loans/credit payments for the applicant must be documented in the appropriate location. This includes mortgages, vehicle loans, credit cards, medical and other unsecured or secured debt.
4. Financial Worksheet Box E: List all assets, including bank accounts, real estate and vehicles.
5. Financial Worksheet Box F: List paycheck/benefit payments and dates
6. Financial Worksheet Box G: Total all income, expenses, and creditors and list total monthly surplus or deficit.
7. Application **must** be signed and dated to be considered for approval (Applicant's Certification pg 1).
8. Ensure all supporting documentation, including applicant's DD214, applicable VA documentation, billing statements, etc., are included with the application submission.
9. To receive assistance, applicant must submit a signed State of Arizona W-9 form with application. Applicants will receive an AZ1099 for any assistance received.
10. **Verify the application is complete and all questions are answered.**

Incomplete applications may cause a delay in their consideration while additional information is requested from the applicant or cause outright denial. Incomplete applications pending additional information expire 30 days after initial submission.

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Complete all applicable fields

Submit completed application to MFRF@azdvs.gov or fax to (602) 297-6684

Name of Service Member (Last, First, MI)			Grade	Branch of Service	Home of Record	Date of Application
SSN	DOB	Yrs Service	DOS	Deployed Location(s) and Date(s) of Deployment		
Service Member's Current Status / Family Hardship: <input type="checkbox"/> Currently Deployed <input type="checkbox"/> Wounded <input type="checkbox"/> Deceased <input type="checkbox"/> Medically Retired/SC Disability (%) <input type="checkbox"/> Other (explain) _____			Date (if WIA/KIA)	Cause (if WIA/KIA)	Location (if WIA/KIA)	
Home Address (include City, State & Zip Code):			Home Phone	Cell Phone	Email	
Name of Applicant		DOB	Relationship to SM?	Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by:	
LIST ALL MEMBERS OF HOUSEHOLD, INCLUDING SPOUSE/SIGNIFICANT OTHER				List all previous assistance received within the past 12 months.		
Age	Name	Relationship	Full Time Custody?	Organization	Date	\$ Amount
TOTAL						
				Applied for Food Stamps?		

APPLICANT'S CERTIFICATION

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of the most current DD Form 214 and/or copies of all documentation substantiating deployment to a combat zone, death or service connected disability, and/or combat wound(s) and how that has caused, contributed to or is related to my hardship. I am providing the enclosed information to apply for financial assistance, and request and authorize the Arizona Department of Veterans' Services to speak with any organization cited in this application packet to verify the information I provide. I understand I will receive an AZ1099 for any financial assistance received.

The following documents **must** be attached:

- DD214/Current Orders/Enlisted Records Brief
 Bills/Statements/Receipts/Quotes
 Signed AZ W9
 VA/Service Connected Disability info (if cited as reason for hardship)

SIGNATURE OF APPLICANT AND DATE

OFFICE USE ONLY

THIS APPLICATION HAS BEEN DECLINED

I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved.

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

THIS APPLICATION HAS BEEN APPROVED IN THE AMOUNT OF \$ _____

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

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APPLICANT NARRATIVE

Complete All Narratives - Please feel free to use additional paper if needed

1. **Describe your current circumstances and how combat deployment brought you to this point.** If you are a combat injured veteran, describe the circumstances of your injury and how your injury has caused your financial hardship. *Use additional paper if needed.*

2. **Specifically, what financial assistance are you requesting?** Please list the assistance you are requesting. *Bills/Statements/Receipts/Quotes must be attached for each request. Use additional paper if needed.*

Name	Type (rent, utility, etc)	Acct #	Emergency Assistance*	One-Time Assistance	Reoccurring Assistance**
Total:					

*Emergency Assistance limited to a total of \$3,000.00.
 **If you seeking reoccurring monthly assistance, please state how many months: _____

3. **Describe how assistance will help you achieve personal well-being and/or financial stability.** Briefly describe your immediate and future goals or financial plan and how assistance will contribute. *Use additional paper if needed.*

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APPLICANT FINANCIAL WORKSHEET

COMPLETE ALL APPLICABLE FIELDS

HOUSEHOLD MONTHLY INCOME			AVERAGE MONTHLY EXPENSES		
(Monthly Average)			(Monthly Average)		
A.	Gross	Net	B.	Essential Expenses	Amount
1.	Salary of Service Member		21.	Alimony/Child/Family Support	
1b	- Place of employment		22.	Electricity	
2.	Salary of Spouse/Significant Other		23.	Gas	
2b	- Place of employment		24.	Water/Sewer/Garbage	
3.	VA Disability Income		25.	Telephone	
4.	GI Bill Monthly Stipend		26.	Internet	
5.	Other VA Benefits:		27.	Health Insurance	
6.	Social Security Income (i.e. SSI, SSDI, TANF)		28.	Medical Expenses/Prescriptions	
7.	Other Social Security Benefits		29.	Home Owners/Renters Insurance (not included w/ mortgage)	
8.	Child Support (Received)		30.	Life Insurance/SGLI	
9.	Food Stamps/W.I.C.		31.	Auto Insurance	
10.	Rental income		32.	Auto Gasoline (average)	
11.	Other Household Income (list)		33.	Food/Household Items	
12.			34.	Child Care	
13.			35.	VEAP / School Expenses	
19.			36.	Other (list):	
20.			37.		
(A) TOTAL INCOME			Essential Total		

B.	Variable Expenses	Amount
38.	Cable/Satellite	
39.	Recreation/Entertainment	
40.	Clothing/Laundry/Dry Cleaning	
41.	Charity/Church Contributions	
42.	Savings	
43.	Other (list):	
44.		
45.		
46.		
47.		
Variable Total		
(B) TOTAL EXPENSES		

C. MORTGAGE / RENT (include any HOA fees)

C.	Mortgage / Rental Company Name	Date Purchased / Leased	Original Loan Amount	Balance Owed	Current Value (if owned)	Months to go	Past Due Amount	Monthly Payment
48.								
49.								
50.								
(C) TOTAL MORTGAGE/RENT*								(C)

D. INDEBTEDNESS

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	Balance Owed	Past Due Amount	Months to go	Monthly Payment
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
(D) TOTAL INDEBTEDNESS*								(D)

E. ASSET INFORMATION

Type	Value	Description
Savings		N/A
Checking		N/A
IRA		N/A
401k		N/A
Auto		
Auto		
Home		

F. PAYCHECK/BENEFIT INFORMATION

1. Date last pay received: _____
Amount: \$ _____

2. Date next pay received: _____
Amount: \$ _____

G. TOTAL MONTHLY CASH FLOW

TOTAL INCOME: \$ _____
(A)

TOTAL EXPENSES: \$ _____
(B+C+D)

SURPLUS or DEFICIT: \$ _____
(Income - Expenses)

Failure to complete financial worksheet, including totaling each section, may cause a delay in consideration or outright denial.

*I have received financial counseling in the past *I am interested in receiving financial counseling to assist with my long term financial stability

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State of Arizona W-9 Instructions

Please fill out these areas on the State of Arizona W-9 form and submit with your application. A W-9 must be received in order for an applicant to receive assistance from the Arizona Military Family Relief Fund.

1. Type of Request.
 - ✓ Select "New Request"
2. Taxpayer Identification Number
 - ✓ Enter your Social Security Number
3. Entity Name
 - ✓ Enter the name of the applicant (not the service member, unless service member is applying personally)
4. Entity Type
 - ✓ Select "Individual/Sole Proprietor" (61)
5. Minority Business Indicator
 - ✓ Select "Individual, Non-Business" (00)
6. Main Address
 - ✓ Enter applicant's home address
7. Vendor Contact Information
 - ✓ Enter applicant's name and phone number
8. Certification
 - ✓ Sign and date



State of Arizona Substitute W-9 & Vendor Authorization Form

Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

- Instructions:** Complete form if
1. You are a U.S. person (including a resident alien);
 2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
 3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.

Type of Request (Must select at least ONE)

New Request
 New Location (Additional Mail Code)
 Change (Select the type(s) of change from the following:

Tax ID Legal Name Entity Type Minority Business Indicator
 Main Address Remittance Address Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

Social Security Number (SSN) [] - [] - [] OR Federal Employer Identification Number (FEIN) [] - []

Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)

Legal Name* []

Entity Type Must Select One of the Following (Coding (X#) is for Internal Purposes Only)

Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I) State of Arizona employee (1E) STATE HRIS EIN []
 Corporation NOT providing health care, medical or legal services (5A) LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)
 Corporation providing health care, medical or legal services (5M) LLC, PLLC organized as corporation providing health care, medical or legal services (5M)
 Partnership, LLP or Partnership organized as LLC or PLLC (5C) A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
 An international organization or any of its agencies/instrumentalities (5U) Other: Tax Reportable Entity (5P) Description []
 The US or any of its political subdivisions or instrumentalities (2G) Other: Tax Exempt Entity (5H)

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

Small Business (01) Small, Woman Owned Business- Hispanic (31) Minority Owned Business- African American (04)
 Small Business- African American (23) Small, Woman Owned Business- Native American (33) Minority Owned Business- Asian (32)
 Small Business- Asian (24) Small, Woman Owned Business- Other Minority (11) Minority Owned Business- Hispanic (74)
 Small Business - Hispanic (25) Woman Owned Business (03) Minority Owned Business- Native American (15)
 Small Business- Native American (27) Woman Owned Business- African American (17) Minority Owned Business- Other Minority (02)
 Small Business- Other Minority (05) Woman Owned Business- Asian (18) Non-Profit, IRC §501(c) (88)
 Small, Woman Owned Business (06) Woman Owned Business- Hispanic (19) Non-Small, Non-Minority or Non-Woman Owned Business (00)
 Small, Woman Owned Business- African American (29) Woman Owned Business- Native American (21)
 Small, Woman Owned Business- Asian (30) Woman Owned Business- Other Minority (08) Individual, Non-Business (00)

Main Address Where tax information and general correspondence is to be mailed **Remittance Address** Where payment is to be mailed Same as Main

DBA\Branch\Location [] DBA\Branch\Location []
 Address [] Address []
 City [] State [] Zip code [] City [] State [] Zip code []

Vendor Contact Information

Name [] Title []
 Phone # [] Ext. [] Fax [] Email []

Certification Exempt from backup withholding

Under Penalties of perjury, I certify that:

1. 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
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 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
3. I am a U.S. person (including U.S. resident alien).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature [] Title [] Date []

STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION **VENDOR: DO NOT WRITE BELOW THIS LINE**

State HRIS EIN [] Print Name [] Signature []
 AGY [] Title [] Phone # [] Email [] Date []

STATE OF ARIZONA GAO USE ONLY **VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE**

IRS TIN Matching Corporation Commission Vendor Number [] Processed by [] Date Processed []
 HRIS GAO-03 Other