

**TEXAS NATIONAL GUARD FAMILY SUPPORT FOUNDATION
APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE**

IMPORTANT APPLICATION INFORMATION: We are required to obtain sufficient information to verify your identity. You may be asked questions and asked to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Part 1. MILITARY MEMBER'S INFORMATION (REQUIRED)

First Name:	M.I.	Last Name:
Social Security Number: (Last 4 only)	Date of Birth (MM/DD/YYYY): / /	
Permanent Address:	Apt #	
City:	State:	Zip Code:
Contact Address (If Different):	Apt #	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		
Rank:	Unit:	
Commander's Name:	Today's Date:	

Part 2. APPLICANT'S INFORMATION (REQUIRED if different from Military Member)

First Name:	M.I.	Last Name:
Social Security Number: (Last 4 only)	Date of Birth (MM/DD/YYYY): / /	
Permanent Address:	Apt #	
City:	State:	Zip Code:
Contact Address (If Different):	Apt #	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		
Relationship to Military Member:	Today's Date:	

Additional Application Information (Required for Grant Funding)

Gender Female Male Transgender Female Transgender Male
 Gender Nonconforming Prefer not to disclose

Race Asian Black Caucasian Native American or Alaska Native
 Native Hawaiian or Pacific Islander Mixed Race Prefer not to disclose

Ethnicity Hispanic or Latino Not Hispanic or Latino Prefer not to disclose

Part 3. MILITARY SERVICE INFORMATION

Y N	Is Military Member currently serving on Title 10?	Y N	On State Active Duty?
Current Military Status:	AGR/ADOS Technician Traditional/M-Day Discharged/Retired		
Y N	Is Military Member currently experiencing Line of Duty injury or medical emergency?		
Y N	Has Military Member served in combat theater?		
Location(s)	Years:		
Military Unit Point of Contact (If still in the Texas National Guard. Otherwise, leave blank)			
First Name:	Last Name:	Rank:	
Title/Position:	Unit:		
Phone:	Email:		

Part 4. CURRENT CIVILIAN EMPLOYMENT AND FAMILY STATUS

Employment status:	Full-Time	Part-Time	Unemployed
Family residing in household:	Number of adults	Number of dependent children	
I attest that these numbers reflect married adults, dependent children under 18, or a child under 22 who is a full-time student.			
INITIALS:	(Please complete Addendum at the end of this application form.)		

Part 5. FINANCES - INCOME AND EXPENSES

Complete the fields with approximate amounts. If not applicable, leave blank.

GROSS INCOME:	AMOUNT:	MONTHLY EXPENSES:
Military Member's Monthly Income:	\$ _____	Rent/Mortgage: \$ _____
Military Member's Monthly Drill Pay:	\$ _____	Utilities: \$ _____
Spouse's Monthly Income:	\$ _____	Cable/Internet: \$ _____
OTHER INCOME:		Phone(s): \$ _____
TYPE		Vehicle #1: \$ _____
VA Benefits	\$ _____	Vehicle #2: \$ _____
SSI/Disability	\$ _____	Vehicle Insurance: \$ _____
Welfare (TANF, etc.)	\$ _____	Vehicle Fuel: \$ _____
Food Stamps/WIC	\$ _____	Food: \$ _____
Unemployment	\$ _____	Household: Childcare: \$ _____
Childcare Assistance	\$ _____	Child Support: Credit \$ _____
Alimony	\$ _____	Cards: Loans: \$ _____
Child Support	\$ _____	Child Support: \$ _____
Rental Income	\$ _____	Student Loans: \$ _____
Other _____	\$ _____	Other _____ \$ _____
Other _____	\$ _____	\$ _____
		\$ _____
SAVINGS:	\$ _____	

Part 6. REASON FOR SEEKING ASSISTANCE

indicate the expenses category and amounts for which you are requesting assistance. Be specific.

Explain your emergency and why you have been unable to meet these expenses on your own.

Add additional pages as necessary

Add additional pages as necessary

Part 7. FAMILY READINESS SPECIALIST INFORMATION

NAME OF TEXAS NATIONAL GUARD SPECIALIST ASSISTING YOU

Soldier & Family Readiness Specialist _____

Employment Coordinator _____

Personal Financial Counselor _____

Part 8. DOCUMENTATION REQUIRED

Please provide copies of the following documentation with your application.

USE CHECKLIST (Application_Checklist_2023-2024_A2).

ALL DOCUMENTS ARE REQUIRED PRIOR TO APPLICATION REVIEW OR APPROVAL

I acknowledge that I am not currently requesting assistance with any other organizations. INITIALS _____

SIGNATURE

By signing below, I certify the above information to be true and correct to the best of my knowledge, and I permit the Foundation to confirm and verify the information that I have provided.

Signature

Date

Verification of Dependent Household Members and Verification of Household Income

<u>First Name</u>	<u>Age</u>	<u>Fulltime Student (Y/N)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the persons identified here are my legal dependents, and have provided proof of dependency (birth certificate or Military dependent ID card, or adoption documents).

I certify that I have provided ALL documents pertaining to my income, and the income of my spouse.

Printed Name: _____

Signature: _____

Date: _____