

TEXAS NATIONAL GUARD FAMILY SUPPORT FOUNDATION									
2025-2026 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							
Part 3. MILITARY SERVICE INFORMATION									
MUST be a current or former member of the Texas National Guard, or a dependent or Surviving Spouse of one									
Y	N	Is Military Member currently serving on Title 10?				Y	N	On State Active Duty?	
Current Military Status:		Full time (AGR/ADOS)		Tech	Traditional/M-Day		Discharged/Retired		
Y	N	Is Military Member currently experiencing Line of Duty injury or medical							
Y	N	emergency? Has Military Member served in COMBAT theater?							
Location(s)					Years:				
Military Unit Point of Contact (If applicant is 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:**

Military Member's Monthly Income: \$ _____
 Military Member's Monthly Drill Pay: \$ _____
 Spouse's Monthly Income: \$ _____

OTHER INCOME:**TYPE**

VA Benefits \$ _____
 SSI/Disability \$ _____
 VA Education Benefits \$ _____
 Welfare (TANF, etc.) \$ _____
 Food Stamps/WIC \$ _____
 Unemployment \$ _____
 Childcare Assistance \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Rental Income \$ _____
 Other _____ \$ _____

MONTHLY EXPENSES:

Rent/Mortgage: \$ _____
 Utilities: \$ _____
 Cable/Internet: \$ _____
 Phone(s): \$ _____
 Vehicle #1: \$ _____
 Vehicle #2: \$ _____
 Vehicle Insurance: \$ _____
 Vehicle Fuel: \$ _____
 Food: \$ _____
 Household: Childcare: \$ _____
 Child Support: \$ _____
 Credit Cards: Loans: \$ _____
 Child Support: \$ _____
 Student Loans: \$ _____
 Entertainment \$ _____
 Eating Out \$ _____
 Travel \$ _____
 Other _____ \$ _____

CURRENT SAVINGS: \$ _____

Part 6. REASON FOR SEEKING ASSISTANCE*Explain your emergency and why you have been unable to meet these expenses on your own. Use additional pages as necessary.***Part 7. WHAT FINANCIAL ASSISTANCE DO YOU NEED?***Indicate the expenses category and amounts for which you are requesting assistance. Be specific.*

Rent	\$ _____	Vehicle Loan	\$ _____
Mortgage	\$ _____	Vehicle Insurance	\$ _____
Electricity	\$ _____	Vehicle Repair	\$ _____
Water	\$ _____	Assistive Technology	
Gas	\$ _____	Restorative Dental Care	
Cell Phone	\$ _____	Funeral Expenses	
Internet	\$ _____	Public Transportation	
Garbage	\$ _____	(Bus pass/Uber/Lyft, etc)	
Groceries			

Part 8. FAMILY READINESS SPECIALIST INFORMATION

NAME OF TEXAS NATIONAL GUARD SPECIALISTS ASSISTING YOU

Soldier & Family Readiness Specialist _____

Employment Coordinator _____

Personal Financial Counselor _____

Part 9. DOCUMENTATION REQUIRED

Please provide copies of the following documentation with your application.

USE CHECKLIST (Application_Checklist_2025-2026_A).

ALL DOCUMENTS ARE REQUIRED PRIOR TO APPLICATION APPROVAL

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

I am currently requesting assistance with the following organizations.

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: _____