

Texas National Guard Family Support Foundation Financial Assistance

Required Eligibility Documents

For currently serving members of the Texas National Guard (Army or Air)

- One of the following:
 - NGB Form 22 (must be an Honorable discharge)
 - DD Form 214 (May be from a deployment or from IET)
- Commander's Letter of Good Standing (see example)
- Marriage Certificate (if married)
- Proof of dependency for all dependent children (birth certificate listing servicemember as a parent, adoption certificate or Uniform Services Identification card)
- Latest LES
- Applicant **and** Spouse's Latest Job pay Stub (Includes last month State Active Duty pay statement)
- Latest Tax Return

For former members of the Texas National Guard (Army or Air)

- NGB Form 22 (MUST be an Honorable discharge)
- Marriage Certificate (if married)
- Proof of dependency for all dependent children (birth certificate listing servicemember as a parent or DEERS document or Military Dependent Identification card)
- Latest Job pay Stub
- Latest Tax Return

For Surviving Spouses, Current Spouses, Minor Dependents

- NGB Form 22 for Servicemember (MUST be Honorable)
- Marriage Certificate
- Proof of dependency for all dependent children (birth certificate listing servicemember as a parent or DEERS document or Military Dependent Identification card)

Documentation for Requested Financial Support

All documentation must have the information listed

- Mortgage Statement (vendor name, client name and address, statement date, amount due, explanation of amount due), property address)
- Rent/Lease Agreement (property address, tenant name, owner name, term of lease, amount due)
- Any eviction notices, or utility cutoff notices
- Utility Bill(s) (vendor name, client name and address, service address, statement date)

- Phone Bill (vendor name, client name and address, service address, statement date)
- Vehicle Loan Statement (vendor name, client name and address, statement date, amount due, vehicle information)
- Vehicle Insurance Statement (vendor name, client name and address, policy number, statement date, amount due)
- Vehicle Repair Estimate/Invoice (vendor name, client name and address, vehicle information, description of repair, amount paid per part, total labor amount, total parts amount, total amount paid (or estimated))
- Drop-in Childcare Services Bill (vendor name, date of invoice, client name and address, description of service, number or name of children served, dates of service, amount per hour/day)

We can NOT provide assistance for the following:

Any bill that is not in either the servicemember's or spouse/dependent's name.

Food/sustenance

Student Loans

Vehicle maintenance

Long-term childcare

Child Support

Credit Card bills

Non-vehicle consumer loans

**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: XXX - XX -		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: XXX - XX -		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:

Applicant requests emergency assistance for: (Please explain the reasons for the requests in Part 6)

Eviction/Foreclosure has occurred or been scheduled to occur on (date): _____
 Utilities have been disconnected or scheduled for disconnect on (date): _____
 Repossession has occurred or is scheduled to occur on (date): _____
 Other: _____

Part 3. MILITARY SERVICE INFORMATION

Y	N	Is Military Member currently serving on Title 10?	Y	N	On State Active Duty?
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)		Dates:			
Military Unit Point of Contact					
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 1** at the end of this application form.)

Part 5. FINANCES - INCOME AND EXPENSES

*Complete the fields with approximate amounts. If not applicable, leave blank.
(Please complete Addendum 2 at the end of this application form.)*

GROSS INCOME:

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

TYPE	AMOUNT:
<input type="checkbox"/> VA Benefits	\$ _____
<input type="checkbox"/> SSI/Disability	\$ _____
<input type="checkbox"/> Welfare (TANF, etc.)	\$ _____
<input type="checkbox"/> Food Stamps/WIC	\$ _____
<input type="checkbox"/> Unemployment	\$ _____
<input type="checkbox"/> Childcare Assistance	\$ _____
<input type="checkbox"/> Alimony	\$ _____
<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Childcare Assistance	\$ _____
<input type="checkbox"/> Rental Income	\$ _____
<input type="checkbox"/> Other:	\$ _____
<input type="checkbox"/> Other:	\$ _____
<input type="checkbox"/> Other:	\$ _____

MONTHLY EXPENSES:

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

Part 6. REASON FOR SEEKING ASSISTANCE

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

Add additional pages as necessary

Please explain your hardship and why you have been unable to meet these expenses on your own.

Please explain if and how the Military Member's service may have affected this hardship.

Add additional pages as necessary

Part 7. DOCUMENTATION REQUIRED

Please provide copies of the following documentation with your application.

**PLEASE SEE CHECKLIST AT THE BEGINNING OF THIS APPLICATION.
ALL DOCUMENTS ARE REQUIRED PRIOR TO APPLICATION 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

Addendum 1
Verification of Dependent Household Members

First Name	Age	Full-time Student (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the persons identified here are dependents residing in the household, and have provided proof of dependency (Marriage Certificate, birth certificate or Military dependent ID card, or DEERS document).

Printed Name: _____

Signature: _____

Date: _____

Addendum 2
VERIFICATION OF INCOME

I attest that the income information that I have submitted represents all income for all members of my household for the following period:

FROM:	_____	TO:	_____
	MONTH YEAR		MONTH YEAR

PRINTED NAME:

SIGNATURE: _____

DATE: _____