

Texas National Guard Family Support Foundation Financial Assistance Required Eligibility Documents

Effective 1 July 2022 through 30 June 2023

All applicants must be able to demonstrate financial need

Email all documents to info@txngfsf.org THEN call 512-535-0053 to confirm receipt

Current members of the Texas National Guard (Army or Air) must submit all of the following:

One of the following: NGB Form 22 (must be an Honorable discharge with at least 1 year of service in the Texas National Guard) **or** DD Form 214 (May be from a deployment, Active Duty, or from IET). DD214 copy must have block 24.

Commander's Letter of Good Standing (see example) - MUST be signed by the Commander
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

Former members of the Texas National Guard (Army or Air) must submit all of the following:

NGB Form 22 (MUST be an Honorable discharge from the Texas National Guard w/ minimum 1 yr)

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 Job pay Stub

Latest Tax Return

Surviving Spouses, Current Spouses, Minor Dependents must submit all of the following:

NGB Form 22 for Servicemember (MUST be Honorable) or DD214 indicating TXNG Service

Marriage Certificate

Proof of dependency for all dependent children (birth certificate listing servicemember as a parent, adoption document or Military Dependent Identification card)

Latest Job pay Stub

Latest Tax Return

Documentation for Requested Financial Support

All documents MUST have ALL the information listed (printscreens from mobile devices will NOT be accepted)

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) - MUST have Year, Make and Model on the loan statement

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 per part, total labor amount, total parts amount, total amount owed 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
- 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: (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:	

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?
		Current/Prior Military Status:	AGR	Technician	Traditional/M-Day
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					
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:

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

Other Income:

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

Add additional pages as necessary

Please explain your emergency 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

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 dependents residing in the household, 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 that of my spouse.

Printed Name: _____

Signature: _____

Date: _____