



**APPLICATION FOR MILITARY FAMILY RELIEF FUND (MFRF)**

State Form 53880 (R / 7-10)

**INDIANA DEPARTMENT OF VETERANS AFFAIRS**

302 West Washington Street, Room E120

Indianapolis, IN 46204

Telephone: (800) 400-4520

**INSTRUCTIONS:** 1. Mail the completed form to the Indiana Department of Veterans Affairs c/o Military Family Relief Fund at the above address.  
2. If you need assistance completing this application, please call the Indiana Department of Veterans Affairs at the above telephone number.

**MILITARY MEMBER'S INFORMATION**

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Telephone Number: \_\_\_\_\_

Rank: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Station Unit of Assignment: \_\_\_\_\_

Please check one:  National Guard  Reserves  Active Duty

**APPLICATION INFORMATION**

*(Spouse's or Dependent's Information if Applicant is Other Than the Military Member)*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to Military Member: \_\_\_\_\_

I/We **Have** applied for a Military Family Relief Fund (MFRF) grant before. (Please check one)  Yes  No

National Guard/Reserves: (Service member must have been mobilized/Title 10 Orders).

Active duty: (Service member must have received orders for deployment to current combat zone).

**MILITARY UNIT POINT OF CONTACT FOR VERIFICATION**

*(Verification Mandatory)*

I verify that is service member is in good standing with the unit, and that all necessary documentation is attached and the need is verified.

Name: \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

Position/title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I (Printed Name) \_\_\_\_\_ am requesting a grant to pay for the following items:

ITEM (Repair, Service, Bill, etc.)	SERVICE PROVIDER (Company Name & Telephone Number)	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____

Total Amount Requested

\$ \_\_\_\_\_

(Please use attachment(s) if additional space is necessary.)

Total Service Member pre-tax civilian monthly income (before mobilization, if applicable)

\$ \_\_\_\_\_

Total Military monthly income (Pre Tax)

\$ \_\_\_\_\_

Items required for Proof are listed below. **Please initial on the line below when each item is provided.**

Unit Administrator

Initials

Requested Document

- \_\_\_\_\_ (TAB A) Attach written statement or letter from service member or family member (if member is deployed) on what the grant will be used for. In the attached statement, please explain why military duty impairs the ability to pay the debt or bill.
- \_\_\_\_\_ (TAB B) Attach a copy of mobilization or active duty orders issued by authorized headquarters.
- \_\_\_\_\_ (TAB C) Attach a copy of your civilian payroll record or stub indicating the monthly salary prior to deployment. (Both husband and wife, if married.)
- \_\_\_\_\_ (TAB D) Attach a copy of the most recent military (LES) salary.
- \_\_\_\_\_ (TAB E) Attach a copy of your most recent Tax Return (year before mobilized).
- \_\_\_\_\_ (TAB F) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for.
- \_\_\_\_\_ (TAB G) Active duty – attach proof of Home of Record.

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the State of Indiana and Joint Forces Headquarters or the appropriate Reserve Forces Command access to my pertinent records, including information maintained in Defense Enrollment Eligibility Reporting System (DEERS), as necessary to evaluate my application. Disclosure of information on this form including Social Security numbers is voluntary; however, failure to provide requested information may prohibit the processing of this grant application. In accordance with applicable laws, the State of Indiana and the appropriate Selected Reserves HQ will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law. **I also understand that if funds are granted, funds will be deposited by the State of Indiana directly into my checking or savings account.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yy)