

MICHIGAN NATIONAL GUARD FAMILY FUND
APPLICATION FOR ASSISTANCE

The Michigan National Guard Family Fund was created to assist Air and Army National Guard families who experience financial difficulties with temporary emergency financial assistance, and to fund programs and training to maintain and improve the quality of life of our Michigan National Guard families.

Who is eligible? Michigan Air and Army National Guard members and their immediate families.

What constitutes a need?

1. A sudden and unexpected emergency that causes significant financial hardship that greatly impacts the Servicemember's ability to provide the necessities of daily living, to include but not limited to: providing food, shelter, transportation, and medical care.
2. If the Servicemember or their family has been impacted by or suffers a financial hardship due to deployment, mobilization, or temporary duty in excess of 30 days.

Application for assistance:

1. Servicemember/Family member will complete the application form. There **must** be a verifying signature from a unit representative, Family Assistance Center Specialist, or Family Program Office representative.
2. Attach the following: a copy of the last two pay stubs or LES's for the Servicemember and spouse (if applicable), copies of **all** bills – whether or not Soldier/Airman requests they be paid. This is to include any shutoff, eviction, or past due notices. NOTE: The Family Fund grant does **not** cover telephone bills, luxury items, tuition for schools, colleges, or universities, or rental properties other than the principal residence.
3. Copy of any orders for current or recent (within the last 6 months) deployments, schools, or temporary duty.
4. Written request from the Soldier/Airman or the family member applying that states:
 - a. **Circumstances surrounding their financial difficulties.**
 - b. **What bill(s) they would like assistance with, including to whom owed, point of contact information, total amount due, amount requested as assistance, statement with a loan/account number, and due date of bill.**
 - c. **When next pay check is expected, the amount, and from where.**
 - d. **Special needs, if any.**
 - e. **Number of legal dependents**
 - f. **If car repairs are the reason for the request, then include an estimate along with whether or not the repair work has begun.**
5. Memorandum for Record from the unit stating the status of the Soldier or Airman (deployed, REFRAD, Active Duty for Training, etc.), their standing with the unit (are they under any adverse actions) and that verification of need has been accomplished. (Confidentiality is a must!)
7. Please send the application packet to:

Michigan National Guard Family Fund, Inc.
3411 N. Martin Luther King Blvd.
Lansing, MI 48906

Phone: (517) 481-8358
Fax: (517) 481-8150

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APPLICATION FORM**

Unit member's Name _____

SSN _____ RANK _____

Deployed: YES NO (Circle One) When: _____ Where: _____

Servicemember's Address/Telephone Number	Unit, Address, POC, Phone #
_____	_____
_____	_____
_____	_____

Servicemember's Employer, POC, Employer's Address, Telephone Number

Have you received assistance from the Family Fund before?
Yes _____ No _____ If 'Yes', then when, how much, and type of assistance
received:

Type of assistance requested at this time, and reason:

Number in Household: Adults: _____ Ages: _____ Relationship _____

Children: _____ Ages: _____

Signature of Unit/Family Member/Date: _____

Verified by: _____

I am/am not related to applicant (circle one)

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Decision: _____
Signature Date Title

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Signature Date Title

Unit member notified: Phone/Writing Time/Date _____ By: _____

Creditor notified: Phone/Writing Time/Date _____ By: _____

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