

NGAI Relief Foundation, Inc.

Relief Grant Application Form



Mission Statement:

"To provide emergency assistance and relief to members of the Illinois National Guard and their families during periods of personal or financial distress"

Visit: <https://www.ngai.com/foundation> for more information

NGAI Relief Foundation, Inc (NGAIRF) Overview

Overview:	
The NGAI Relief Foundation, Inc is a private, non-profit, tax exempt activity of the National Guard Association of Illinois. It is not an Army or Department of Defense organization. Funds are not for use by the Army and the government cannot dictate the use of funds. Our mission is accomplished by giving funds to service members and their families for limited financial relief.	
Stipulations:	Who is Eligible?
<ul style="list-style-type: none"> • Meet eligibility requirements • Submit written application packet • Provide required documents • Note: This is NOT an emergency relief fund (approximate processing time is 30 days) 	<p>Illinois Army or Air National Guard Service Members (SM) in good standing are eligible to apply.</p> <p><i>(*Eligibility to apply does not guarantee a grant award. Application packet must prove a financial hardship related to deployment or unexpected event(s) beyond his or her control)</i></p>
National Guard Hardship Grant	
<ul style="list-style-type: none"> • Up to \$5,000 (Max) at the discretion of the board. • Limited to Title 32 status (AGR, Dual Status, and MDay) • Prove an unexpected financial hardship beyond his/her control • Illinois National Guard Member in good standing • Benefit paid directly to identified creditors <p style="text-align: center;"><i>(Members on T10 status should apply to AER, AFAS, or IMFRF)</i></p>	
Eligible Areas of Assistance (including but not limited to):	Ineligible Areas of Assistance (including but not limited to):
<ul style="list-style-type: none"> • Non-receipt of pay • Loss of income • Medical, dental, & hospital expenses • Clothing • Utilities • Fire or other disasters • Essential repairs to privately owned vehicle • Unexpected major home repairs • Dependent funeral expenses • Rent/Mortgage payments • Food • Other essential expenses approved by the committee 	<ul style="list-style-type: none"> • Divorce/marriage expenses • Lease or purchase of a vehicle • Ordinary leave • Continuing assistance (same hardship, multiple applications) • Bad checks • Liquidation or consolidation of debts • Business ventures or investments • Goods/items of convenience or luxury • Court fees, fines, judgments, liens, bails, legal fees, income tax, or child support • Civil suits/bankruptcies • Credit cards • Student loans/college tuition • Cell phone bills • Personal Loans • Losses due to poor personal judgement

If Granted: Checks will not be issued to the service member or family member. All checks will be made payable to the creditor/service provider directly

NGAIRF Application - Service Member Basic Information

Military Member's Information

Name: _____ Birth Date: _____	
Home Address: _____	
City: _____	State: _____ ZIP: _____
Best Contact Phone: _____ Civilian Email: _____	
Rank: _____	SSN (last 4) _____
Employment Status (pick one): Employed: ____ Unemployed/Underemployed: ____	
Home station Unit of Assignment: _____	
Is Member married? ____ IF NO, does Member have a family member in DEERS? ____	

Spouse's or Cohabiting Partner Information (or if other than military member)

Name: _____ SSN (last 4): _____	
Mailing Address: _____	
City: _____	State: _____ ZIP: _____
Phone: _____	Relationship to Military Member: _____
Employment Status (pick one): Employed: ____ Unemployed/Underemployed: ____	

I/We **HAVE / HAVE NOT** (Circle One) previously applied for the National Guard Association of Illinois Relief Fund grant.

I/We **ARE/ ARE NOT** (Circle One) currently in a Title 32 Status (AGR, Dual Status Technician, or MDay).

I/We **ARE/ ARE NOT** (Circle One) currently on Title 10 orders of any sort.

Unit Verification of Membership in good standing

I verify that this service member is a member in good standing of the ILNG (not flagged/ barred - no AWOL's in previous 12 months) with this unit and all necessary documentation is attached.

Name: _____ Unit: _____

Position/Title: _____ Phone Number: _____

Signature: _____ Date: _____

NGAIRF Application – Expense Urgency Disclosure

This page is intended to help evaluate the Service Member’s (SM) current need. Please answer each question honestly and completely to aid the Foundation Board in making an appropriate determination. Upon submission, a decision can take up to 30 days to be returned.

Which type of hardship(s) are you facing (check all that apply)?

- 1. Illness / Medical emergency:
- 2. Job Loss / Reduced compensation:
- 3. Family emergency / Death in family:
- 4. Natural disaster / Accident:
- 5. Other (please specify below):

For each expense type, rate the **AVERAGE** urgency of your expenses **for each** of the following which may apply. (check one box per row):

- **1 – Less Urgent:** Due in a month or more
- **2 – Moderately Urgent:** Due in less than two weeks
- **3 – Extremely Urgent:** Due now (as of application date) or past due

	Expense Type	1	2	3
1	Medical / Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Rent / Mortgage Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Car Payments for Essential Vehicle(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Funeral Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Insurance Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Unexpected Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Other (any eligible expense not covered in above categories)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NGAIRF Application - Ineligible Expense Disclosure

Is SM underemployed/unemployed **currently**? Yes No

If SM answers the above question as **NO**, please describe the ineligible expenses where current income is being spent. Ineligible expenses are listed on the first page of the application and the sheet below should only contain **major ineligible expenses** that constitute a **significant** portion of your current income/savings (i.e. student/personal loans, legal expenses/fees, *extra* homes/vehicles, travel expenses, cell/cable bills, etc.)

This is **REQUIRED** for the application review committee to determine eligibility for either Fund A or Fund B.

Note additional supporting documentation **IS NOT REQUIRED** for the expenses listed below at this point. However, NGAIRF **MAY REQUEST** additional documentation prior to fund approval if deemed necessary to make a fair evaluation of your application.

Budgeting Sheet for Ineligible Expenses:

Expense Name	Brief Description	Recurring? (Yes/No)	Cost (\$)
TOTAL			\$

Please use the box below to add additional information/context to the above expenses. Using the space below is **optional but recommended**:

Income:

NGAIRF Application - Eligible Expense Disclosure & Documentation

Total SM civilian monthly income (after taxes; before deployment): \$ _____
 Total Military monthly income (after taxes): \$ _____
 Total Household monthly income (include spouse, roommates, etc.): \$ _____
 Estimated total monthly living expenses: \$ _____

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

*All grant payments will be made to the service provider directly

Bills:

List eligible bills in order of importance (overdue first). **Payment Address** of creditors MUST BE INCLUDED with bills in order to be considered.

Item (Repair, Electric, Rent, etc.)	Service Provider (Company Name & Phone Number)	Amount (\$)
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____

(Please use extra sheets if additional space if necessary) Total Amount Requested \$ _____

Required Documents

Please initial to the left of each item below when each item is attached. Incomplete packets WILL NOT be accepted for review.

	(TAB A) Attach a written statement or letter from a server member describing the financial hardship that the grant will be used for. Please describe the circumstances that caused the hardship
	(TAB B) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for
	(TAB C) Attach a copy of two of your most recent civilian paystubs (include spouse's if married)
	(TAB D) Attach a copy of two of your most recent military (LES) Salary
	(TAB E) Attach a copy of your most recent W-2s AND 1040 Tax Return
	(TAB F) Attach copies of the signed Financial Verification of Services form, and Employment Verification of Services form, if under or unemployed. Forms follow here.

INGRF Application – Other Grant Disclosure & Acknowledgement

1. Have you applied/are applying to other aid/grant programs relating to this specific hardship?
Yes _____ No _____
2. If the answer to the above question is **Yes**, please state ALL the organization name(s) and amount(s) requested/received?

Organization Name(s) _____

Amount Requested (\$) _____

Amount Received to date (\$) _____

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. Disclosure of information on this form including social security numbers is voluntary. Failure to provide requested information, however, may prohibit the processing of this grant application, in accordance with applicable laws and the charter of the Relief Foundation. The NGAI Relief Foundation 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 understand that non-identifying details of any grant provided may be used by the Foundation, without identifying me by name, to demonstrate the work the Foundation is doing to the ILNG Community, and to the Foundations donors. At no time will the Foundation disclose donor's names to any outside individuals or entities.***

Applicant Signature

Date

NGAI Relief Foundation, Inc.
1301 North MacArthur Boulevard
Springfield, IL 62702

Tax ID: 92-3612826

Verification of *Financial Services Meeting*

Applicant's Name:

Financial Counseling Organization:

Financial Counseling Contact Information:

Name:

Phone:

Email:

This is to serve as verification that _____
(Applicant name)

met IN PERSON with _____
(Financial counselor name)

on _____.
(Date)

Applicant Signature

Financial Counselor/Planner Signature

NOTICE TO APPLICANT:

This is a REQUIRED form. Grant requests **WILL NOT BE** reviewed until this form is filled out, signed and returned to NGAIRF by an Accredited Financial Counselor or Certified Financial Planner.

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Verification of *Employment Services Meeting*

Applicant's Name:

Employment Services Organization:

Employment Services Contact Information: Name:

Phone:

Email:

This is to serve as verification that _____
(Applicant name)

met IN PERSON with _____
(Employment Specialist name)

on _____
(Date)

Applicant Signature

Employment Specialist Signature

NOTICE TO APPLICANT:

If you are unemployed/underemployed, this is a REQUIRED form. Grant requests **WILL NOT BE** reviewed until this form is filled out, signed and returned to NGAI Relief Fund as part of your application.