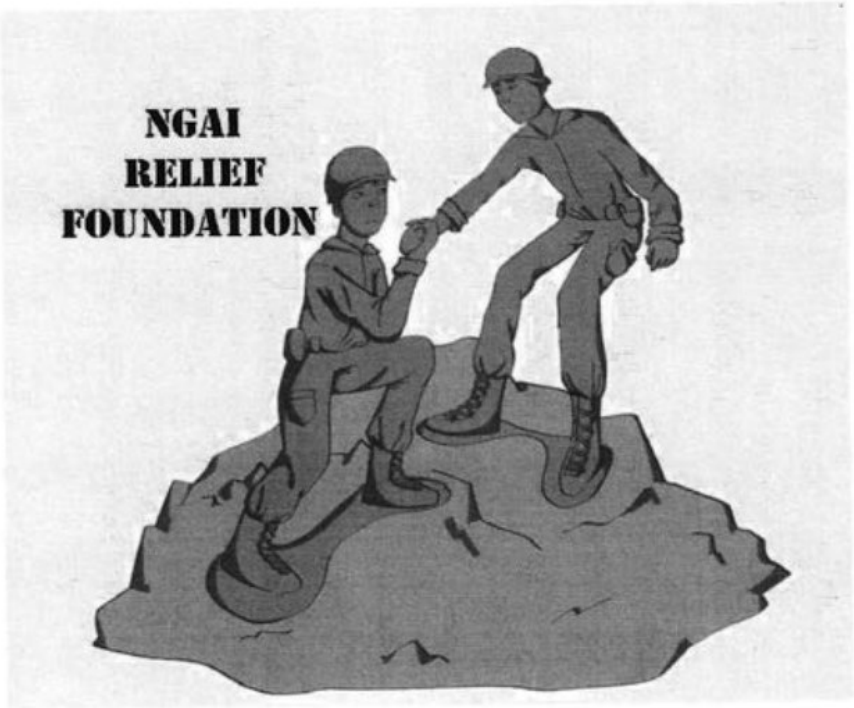
NGAI Relief Foundation, Inc.

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"

Contact your local Military and Family Readiness Specialist / Airmen and Family Readiness Specialist for NGAI for application assistance.

Visit: https://www.ngai.com for more information

NGAI Relief Foundation (NGAIRF) Overview

Overview:	
The NGAI Relief Fund 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?**
• Meet eligibility requirements • Submit written application packet • Provide required documents • **Note: This is NOT an emergency relief fund** (approximate processing time is 30 days)	Ilinois Army or Air National Guard Service Members (SM) in good standing are eligible to apply. *(*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)*

National Guard Hardship Grant

- Up to $5,000 (Max)
- Targeted towards Title 32 status (AGR, Dual Status, and MDay)
- Prove an unexpected financial hardship beyond his/her control
- National Guard Member in good standing
- Benefit paid directly to identified creditors

(Members on T10 status should apply to AER, AFAS, or IMFRF)

Eligible Areas of Assistance (including but not limited to):	**Ineligible Areas of Assistance (including but not limited to):**
• 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 funerals expenses • Rent/Mortgage payments • Food • Other essential expenses approved by the committee	• 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

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: Melissa Goleash (Griffiths) Birth Date: 12/16/1994

Home Address: 1939 S 1st Street

City: Springfield State: IL ZIP: 62704

Best Contact Phone: (563) 320-1788 Civilian Email: melissagoleash@gmail.com

Rank: SSG SSN (last 4) 6596

Employment Status (pick one): Employed: X Unemployed/Underemployed: ____

Home station Unit of Assignment: 1644th TC

Is Member married? Yes IF NO, does Member have a family member in DEERS? ____

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

Name: No contact/not living together 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 verify that service member is in good standing (not flagged/barred - no AWOL's in previous 12 months) with the unit and all necessary documentation is attached. (Unit Representative)

MEIER.CHRISTOPHER.GARY.1255591939 Digitally signed by MEIER.CHRISTOPHER.GARY.1255591939 Date: 2024.03.20 09:08:50 -05'00'

Name: SFC Chris Meier

Position/Title: 1644TC Readiness NCO Phone Number: 309-567-5478

NGAIRF Application – Expense Urgency Disclosure

This page is intended to evaluate the Service Member's (SM) current need and should be filled out as accurately as possible by the Family Assistance Personnel (FAS).

Military and Family Readiness Specialist / Airmen and Family Readiness Program Manager

Specialist: Cathy Fegan
Location: Camp Lincoln

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: ☐

Other (please specify below): ☐

Divorce due to Domestic Violence.

For each expense type, rate the ***AVERAGE*** urgency of your expenses **ONE** of the following (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	☐	☒	☐
2	Rent / Mortgage Payments	☐	☐	☒
3	Car Payments for Essential Vehicle(s)	☐	☐	☒
4	Funeral Expenses	☒	☐	☐
5	Insurance Payments	☒	☐	☐
6	Unexpected Repairs	☒	☐	☐
7	Utilities	☐	☒	☐
8	Other (any eligible expense not covered in above categories)	☐	☐	☐

NGAIRF Application - Ineligible Expense Disclosure

Is SM underemployed/unemployed **currently**? _____ Yes ___X___ 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.)

Susan Calmi - Office of Labor Relaons (217) 785-9713

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 ($)
Student loans	MOHELA - Dept of Education	Yes	$225
Legal expenses/fees	Divorce	No	So far: $400
Phone/Internet	Data/usage and phone; Verizon and Xfinity	Yes	$175
Income tax - Owe due to now having to file separately		No	$1300
		TOTAL	$ 2100

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

Student loans - Income Based

Income:

NGAIRF Application - Eligible Expense Disclosure & Documentation

Total SM civilian monthly income (after taxes; before deployment): $ 2605
Total Military monthly income (after taxes): $ 547
Total Household monthly income (include spouse, roommates, etc.): $ 3152
Estimated total monthly living expenses: $ 4060

I (Printed Name) Melissa Ann Goleash am requesting a grant* to pay for the following items:
*All grant payments will be made to the service provider directly

Bills:

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

Please see additional sheet

Item (Repair, Electric, Rent, etc.)	Service Provider (Company Name & Phone Number)	Amount ($)
1. Rent	Blake Carrier - (618) 365-2668	$ 1325
2. Car payment	CEFCU – (309) 633-7000	$ 392
3. Gas	Ameren - (800) 755-5000	$ 220 - average
4. Water/Electric	CWLP – (217) 789-2255	$ 115 - average
5. Renters Insurance	Progressive – (855) 798-5735	$ 35
6. Car insurance	Progressive- (800) 776-4737	$ 150
7. Medical	RedefineHC – (217) 441-2546	$ 80
Medical	Memorial – (855) 554-2634	$151 (waiting on more claims to process)

(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.

MG	**(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
MG	**(TAB B)** Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for
MG	**(TAB C)** Attach a copy of two of your most recent civilian paystubs (include spouse's if married)
MG	**(TAB D)** Attach a copy of two of your most recent military (LES) Salary
MG	**(TAB E)** Attach a copy of your most recent W-2s AND 1040 Tax Return
MG	**(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.

Eligible Bills Continued

Medical	Memorial – (855) 554-2634	$151 (waiting on more claims to process)
Car repairs	Beau Friday (217) 415-7124 Spark plugs, Coil pack, Battery, Tire pressure sensor Valve stem, Oil Change, Air Filter	$676
Loss of income	IDHFS (Unpaid VESSA leave) Angie Defenbaugh – Supervisor (217) 341-8714 Susan Caimi - Office of Labor Relations (217) 785-9713	$898 + missed JAN IDT (not included here)

Total: $4,193

Not listed above or in final total, but also attributing to hardship: Missing JAN IDT due to transportation and order of protection the day before; food, groceries, pet care etc.

INGRF Application – Other Grant Disclosure & Acknowledgement

1. Have you applied/are applying to other aid/grant programs relating to this specific hardship?

   Yes X 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) S ojourn

   Amount Requested ($) Sojourn - Assistance leaving prior home

   Amount Received to date ($) $ 2650

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 Relief Fund and the INNG Joint Forces Headquarters access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my 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, the Relief Fund and the Joint Forces Headquarters 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, a photo of myself and my statement of appreciation may be kept on file for the purpose of documentation for donors to the NGAIRF.**

Melissa Goleash

Applicant Signature

3/18/2024

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 Melissa Goleash
(Applicant name)

met IN PERSON with James Thompson PFC
(Financial counselor name)

on 3/14/2024.
(Date)

Melissa Goleash
Applicant Signature

Financial Counselor 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 your Personal Financial Counselor.

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

Tax ID: 92-3612826

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 INGRF by your Employment Specialist or Military and Family Readiness Specialist / Airmen and Family Readiness Specialist.

SPENDING PLAN WORKSHEET

FRP FINANCIAL READINESS PROGRAM

Name: Melissa Goleash

Use this fillable worksheet to record your cash flow this month, then use the information to help you plan next month's cash flow. **Enter the letter "A" in every field for expenses paid by military allotments.**

INCOME	MONTHLY (CURRENT)	MONTHLY (GOAL)
Service member's take home pay (salary after taxes, benefits and other deductions)	$ 2605	$
Spouse's take home pay (salary after taxes, benefits and other deductions)	$	$
Other income (child support, second job, etc., after taxes)	$ 547.35	$
Total monthly take home income	$	$ 0

SAVING AND INVESTING		
Savings	$ 0	$
Investments (IRA, other investment accounts)	$ 25	$
Total monthly savings and investing	$ 25	$ 0

HOUSING		
Monthly mortgage and property taxes (enter "0" if renting)	$ 0	$
Monthly rent payment (enter "0" if you only have a mortgage)	$ 1325	$
Renters insurance or homeowners insurance not included in mortgage	$ 35	$
Utilities (electricity, gas, etc.)	$ 350	$
Internet, cable and phones	$ 170	$
Other housing expenses (pest control, lawn service, etc.)	$ 200	$

FOOD		
Groceries and household supplies	$ 200	$
Dining out	$ 100	$
Other food expenses	$ 0	$

TRANSPORTATION		
Auto/motorcycle loan payment(s)	$ 400	$
Auto/motorcycle insurance	$ 150	$
Auto/motorcycle fuel	$ 120	$
Auto/motorcycle maintenance (1/12 of annual total)	$ 300	$
Public transportation (Metro, bus, etc.) parking, tolls, ride sharing	$ 60	$
Other transportation expenses	$ 0	$

HEALTH		
Medicines and supplements	$ 20	$
Health insurance deductibles/co-pays	$ 80	$
Other health expenses (dental, glasses, contacts, etc.)	$ 15	$

PERSONAL AND FAMILY	MONTHLY (CURRENT)	MONTHLY (GOAL)
Child care	$ 0	$
Child and/or spousal support	$ 0	$
Clothing and shoes	$ 50	$
Laundry service/dry cleaning	$ 20	$
Money given to family members	$ 0	$
Entertainment (movies, streaming services, magazines, etc.)	$ 10	$
Vacations	$ 0	$
Pets	$100	$
Memberships and subscriptions	$ 35	$
Other personal or family expenses	$ 0	$

OTHER EXPENSES		
Credit card payments	$	$
Student loan payments	$ 225	$
Other loans (furniture stores, appliances, HVAC systems, etc.)	$ 0	$
School costs (tuition, supplies, etc.)	$ 0	$
Non-monthly expenses (if annual ÷ by 12)	$ 50	$
Life insurance (monthly premiums paid for private policies)	$	$
Gifts (estimated annual expenses ÷ 12)	$ 20	$
Other expenses (bank, credit card, ATM, and other fees)	$ 20	$

TOTALS		
Income	$ 3150.76	$ 0
Savings and Investments	$ 25	$ 0
Monthly Expenses	$ 4057.00	$ 0
Difference	$ 0	$ 0

- Does not include various big bills i.e. February - divorce filing fee $400 etc.

If your income is more than your expenses, you have money left to save or spend. If your expenses are more than your income, look for expenses to reduce or cut.

Personal Financial Managers (PFMs) and Personal Financial Counselors (PFCs) are available to help you achieve and maintain financial readiness at every step of your military journey through flexible, no-cost personal support services.

For Active Duty Soldiers:

- **Make an appointment with one of these accredited professionals today at your Army Community Service Center.**

For Soldiers in the National Guard:

- **Find a National Guard Military and State Family Assistance Center near you.**

For Soldiers in the Army Reserve:

- **Find a Soldier Support Center or Military and Family Support Center near you.**

SECURING THE FINANCIAL FRONTLINE

Updated August 2020