

APPLICATION FORMS AND PROCEDURES AS OF MARCH 1, 2016
GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.
1000 HALSEY AVE., BLDG 447, MARIETTA, GA 30060
678-569-5704
WEBSITE: www.georgiaguardfamily.org

The Georgia National Guard Family Support Foundation, Inc. is a non-profit 501 (c) (3) charitable corporation established in 1994 for the primary purpose of providing financial assistance on an emergency relief basis to soldiers and airmen currently serving in the Georgia National Guard or full-time federal/state civilian employees of the Georgia Department of Defense. The Foundation is not a military organization, but is recognized as an official support organization of the Georgia National Guard.

Applications should be verified as an EMERGENCY situation and the UNIT VALIDATION CERTIFICATION MUST BE SIGNED BY THE COMMANDER or the full-time Battalion Administrative Officer designated by the Commander after counseling with applicant to determine that request for emergency financial assistance is a valid need, that applicant has exhausted all other resources available and to confirm that applicant is in "good standing" with the Unit regarding attendance, training and lack of disciplinary actions.

An emergency or crisis situation is an event beyond the control of the applicant that requires financial assistance. Situations include, but are not limited to, payments to avoid eviction or foreclosure, utilities to prevent disconnection, vehicle payments to prevent repossession, temporary pay problems, illness, injury, recent loss of employment, natural disaster or destruction of property by fire, water or other man-made destruction. The fund is not intended for long-term or recurring financial support. Neither is the fund to be used to alleviate situations caused by failure to follow proper routine pay procedures.

Eligibility requires that Guard Member must be MOSQ/AFSC Qualified and assigned to a MTOE/TDA or ANG UNIT and must be receiving UTA or ADOS pay from their assigned unit for a minimum of three consecutive months and be in good standing with the Unit. (Soldier's or Airmen assigned to an RSP or student flight are not eligible for assistance)

Two types of requests for EMERGENCY RELIEF ASSISTANCE are available: GRANTS or LOANS

GRANTS are considered when applicants are faced with extreme financial hardship and do not have the ability to repay a Loan. Grants do not have to be repaid.

LOANS are considered when a financial hardship is temporary in nature, such as a SHORT TERM military pay problem or delay. Applicants will be required to sign a non-interest-accruing promissory note with a specified repayment plan. Interest free Loans must be repaid by ACH Debits from checking or savings account, cash, check or money order. Fees and penalties will be applied for insufficient or late payments.

In all cases, APPLICANTS are encouraged to contribute to the FOUNDATION when their financial situation improves. In this way, Georgia National Guard Members and their families can continue to be helped during financial hardship. You can make a tax-free donation at our website: www.georgiaguardfamily.org; when filing your State of Georgia Tax Return; through the Combined Federal Campaign (CFC # 70602), the State Charitable Contributions Program (SCCP 177000), or simply by mail. All support is recognized and appreciated.

INSTRUCTIONS:

- Application is not set up for "fillable data", but must be printed and completed in its entirety.
- Unit Validation Certification must be completed and signed by the proper chain of command as noted above.
- Include current copies of actual bills requested to be paid by the Foundation with the completed Application.
- Authorization Agreement for Direct Payments (ACH Debits OR ACH Credits) must be completed and signed with Bank Depository Name and a pre-printed VOID CHECK or a Bank Statement to include applicant's name, address, routing and account number.

CALL 678-569-5704 IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION.

SCAN COMPLETED APPLICATION TO: harriet.h.morgan.vol@mail.mil

THE GEORGIA NATIONAL GUARD FOUNDATION BOARD REVIEWS APPLICANT'S INFORMATION AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED. ALL REQUESTS ARE CONSIDERED ON A CASE-BY-CASE BASIS AND THE AVAILABILITY OF FOUNDATION FUNDS.

GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.
****APPLICATION FOR EMERGENCY RELIEF ASSISTANCE AS OF 01 MARCH 2016****
 678-569-5704 or scan to: harriet.h.morgan.vol@mail.mil

1. _____ 2. LAST FOUR OF SSN: _____
 (PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME)

3. RANK OR "CIV", if Civilian _____ 4. ETS DATE: _____ 5. MOS/AFSC QUALIFIED (YES/NO) AS: _____ 6. MTOE/TDA/ANG UNIT: _____

7. MILITARY STATUS OF GUARD MEMBER: FULL TIME TECHNICIAN: _____ ACTIVE GUARD/RESERVE: _____ TRADITIONAL: _____
 DEPLOYED: _____ (CHECK ALL THAT APPLY)

8. MAILING ADDRESS: _____ CITY, STATE AND ZIP: _____ COUNTY: _____

9. CONTACT PHONE: (HOME) _____ (CELL) _____ (WORK) _____

10. EMAIL ADDRESS: _____

11. NUMBER OF INDIVIDUALS IN YOUR HOUSEHOLD YOU ARE FINANCIALLY RESPONSIBLE FOR, INCLUDING YOURSELF: _____

12. NUMBER OF CHILDREN IN HOUSEHOLD: _____ AGES: _____ SPECIAL NEEDS: _____

13. WHAT IS THE TOTAL MONTHLY NET INCOME FOR YOUR HOUSEHOLD? _____ TOTAL MONTHLY DEBT? _____

14. HAVE YOU APPLIED FOR ASSISTANCE IN THE PAST: _____ (YES/NO) IF YES, WHEN AND UNDER WHAT NAME? _____

15. EMPLOYER NAME: _____ POC: _____ EMPLOYER PHONE: _____

EMPLOYER ADDRESS: _____ CITY, STATE AND ZIP: _____ HOW LONG EMPLOYED: _____

16. SPOUSE'S EMPLOYER NAME: _____ HOW LONG EMPLOYED: _____

17. LIST ONE RELATIVE AND ONE FRIEND (NOT RESIDING WITH YOU) WHO THE COMMITTEE COULD CONTACT, IF NECESSARY:

NAME (RELATIVE) _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

NAME (FRIEND): _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

18. WHAT IS THE NATURE OF YOUR EMERGENCY (can't pay rent, utilities, etc.) AND WHAT CAUSED THIS EMERGENCY: (Job loss, major medical issue, death in family, delays in pay) USE SEPARATE STATEMENT, IF NECESSARY, OR PLEASE EXPLAIN: _____

19. WHAT HAVE YOU DONE TO SOLVE THE PROBLEM: (contacted Family Assistance Specialist; applied to other agencies; called creditors to modify payments; applied for credit/loans from other sources, asked for assistance from relatives, etc) PLEASE EXPLAIN: _____

20. I REQUEST A LOAN IN THE AMOUNT OF \$ _____ AND AGREE TO THE PAYMENT TERMS OUTLINED HEREIN; OR,
 I REQUEST A GRANT IN THE AMOUNT OF \$ _____ BECAUSE I AM UNABLE TO REPAY A LOAN BASED ON THE INFORMATION PROVIDED.

21. LIST THE NAME OF EACH CREDITOR/INDIVIDUAL/AGENCY, THE EXACT AMOUNT, AND THE DUE DATE OF EACH BILL FOR WHICH YOU ARE REQUESTING ASSISTANCE. . ATTACH CURRENT COPIES OF ACTUAL BILLS OR STATEMENTS TO INCLUDE CREDITOR NAME AND ADDRESS.

PAYEE:	AMOUNT:	DATE DUE:

22. ATTACH SEPARATE SHEET FOR ADDITIONAL INFORMATION OR REMARKS, IF NECESSARY.

UNIT VALIDATION CERTIFICATION

I, the undersigned Commander, or full-time designated BN AO/XO, have examined this application for assistance, counseled with applicant and certify that the request for emergency financial assistance is a valid need and that applicant has exhausted all other resources available for assistance. The applicant is in "good standing" with the Unit regarding attendance, training and lack of disciplinary actions.

CHAIN OF COMMAND PRINTED NAME: _____ TITLE: _____ UNIT: _____

CHAIN OF COMMAND VERIFICATION SIGNATURE: _____ DATE: _____

CONTACT INFO: WORK # _____ OTHER# _____ EMAIL: _____

STATEMENT OF CONFIDENTIALITY:

This application form and the verification and release authorization are the primary sources of information for determining an individual's eligibility for financial assistance. Disclosure of information on these forms, including the applicant's last four of social security number is voluntary. Failure to provide the requested information may mean the Foundation Board will deny assistance because of insufficient information. The Foundation Board will maintain confidentiality regarding the application and assistance, given or denied, except as detailed in the release authorization below:

INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:

1. I authorize verification/release of the information I am providing on this application. This authorization applies to organizations inside or outside of the Georgia National Guard for the purposes of evaluating this application and/or for collection proceedings if a loan is approved and payment is late. I authorize the GA NATIONAL GUARD FOUNDATION access to any pertinent records as necessary to evaluate my application. Please initial: _____
2. I will complete the automatic debit/credit form that allows authorized payments to be automatically debited or credited to my checking or savings account subject to approval of assistance. Please initial: _____
3. If I receive a LOAN, I will immediately contact the Georgia National Guard Family Support Foundation, Inc. if I have difficulty making payments, if applicable, or if I file for bankruptcy. Please initial: _____
4. If I receive a Loan, I agree to notify the Foundation immediately of any change of address, phone number, or banking relationship during the repayment period. Please initial: _____
5. I understand that if a check received for payment is returned for insufficient funds, a \$ 35.00 penalty fee will be charged. I further understand that if a Loan account is insufficient twice or the account is closed, the ACH Debit process will be stopped and the loan will be due and payable in full, including any applicable penalty fees. Please initial: _____
6. If I receive a Loan, I understand that that Foundation will contact my Unit Commander if any loan payment is past due and that the Foundation Board will initiate action to garnish my pay, if necessary, to insure repayment of a loan. Please initial: _____
7. The information I have provided on this Application Form is true and correct to the best of my knowledge. Please initial: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

ACH AUTHORIZATION FORM

I, hereby authorize the GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC, hereinafter called FOUNDATION, to initiate debit or credit entries to my Checking Account or Savings Account as indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law.

BANK DEPOSITORY NAME: _____ AMOUNT: \$ _____ FREQUENCY: _____

BANK ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____ SAVINGS: _____ CHECKING: _____

This authorization is to remain in full force and effect until FOUNDATION has determined that Debit or Credit transactions are complete.

PRINT YOUR FULL NAME: _____

YOUR SIGNATURE: _____ DATE: _____

A 'VOID' CHECK OR A COPY OF A VOID CHECK, PRE-PRINTED WITH YOUR NAME AND ACCOUNT INFORMATION MUST BE ATTACHED FOR ACCOUNT VERIFICATION PURPOSES. IF YOU DO NOT HAVE A CHECKING ACCOUNT, YOU MUST SUBMIT A STATEMENT FROM YOUR DEPOSITORY BANK VERIFYING YOUR ACCOUNT INFORMATION.