

**NORTH DAKOTA NATIONAL GUARD EMERGENCY RELIEF FUND
GRANT APPLICATION**

TO: NORTH DAKOTA NATIONAL GUARD FOUNDATION
EMERGENCY RELIEF FUND
P.O. BOX 5511
BISMARCK, ND 58506-5511

Unit: _____

PRN: _____

Date: _____

I, _____ Relationship to Member: _____ hereby request a grant in the amount of \$_____. The emergency I am experiencing is as follows **(include which community services have been applied for and whether or not you have been accepted or denied):**

This is my detailed plan of how I will spend the money granted from the ERF:

Is the National Guard member currently deployed? _____ If yes, has this contributed to the emergency?

The above information is true to the best of my knowledge.

(Applicant signature)

Applicant Name: _____

Address: _____

Phone #: _____

Name/Rank of Military Member: _____

Encls: (check off)

- _____ (1) Information on applicant's income from all sources (including spouses, when applicable).
- _____ (2) Itemized statement of monthly and other expenses.
- _____ (3) Confirmation of the soldier's/airman's duty status.
- _____ (4) Whether personnel actions are pending involving elimination from the North Dakota National Guard.
- _____ (5) Whether person has received assistance from other assistance funds or the ERF in the past 12 months.
- _____ (6) Whether the applicant is currently going through bankruptcy proceedings.
- _____ (7) Records of public assistance received for housing, medical, or food expenses.
- _____ (8) Copies of specific bills affected by the application.

Release of Information Form

I, _____,
(print name)

hereby give _____

and/or your office, permission to release the documentation pertaining to my application for Emergency Relief Fund to the North Dakota National Guard Foundation, as well as permission to speak to Foundation representatives.

Signature

Date

**NORTH DAKOTA NATIONAL GUARD EMERGENCY RELIEF FUND
GRANT APPLICATION VALIDATION
(Completed by FAC personnel or Military Point of Contact (MPOC))**

I have reviewed this request and believe it is consistent with the guidelines established by the North Dakota National Guard Foundation for award of grants. I offer the following additional comments:

Name: phone number:
Personnel/MPOC

Encls: (check off)

- _____ (1) Information on applicant's income from all sources (including spouses, when applicable).
- _____ (2) Itemized statement of monthly and other expenses.
- _____ (3) Confirmation of the soldier's/airman's duty status.
- _____ (4) Whether personnel actions are pending involving elimination from the North Dakota National Guard.
- _____ (5) Whether person has received assistance from other assistance funds or the ERF in the past 12 months.
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SUMMARY OF NEED:

Total Monthly Income	_____
Total Monthly Expenses	_____
Total Past Due/Emergency	_____
Resulting Need:	_____

EXISTING FUNDS:

Checking Account Balance:	_____
Savings Account Balance:	_____
Stocks/Bonds/Securities:	_____
Thrift Savings Plan Balance:	_____
Other Assets:	_____
TOTAL	_____

INCOME SOURCES:

*Attach earnings statements and/or pay slips for each source listed.

Monthly income sources (actual or estimated)

Date _____

_____	Civilian employment	_____
_____	Military employment	_____
_____	Spouse employment	_____
_____	Alimony/Child Support	_____
_____	Bond interest income	_____
_____	Disability income	_____
_____	Dividend income	_____
_____	IRA income	_____
_____	Miscellaneous	_____
_____	Other interest income	_____
_____	Pension income	_____
_____	Predictable bonuses	_____
_____	Rental income	_____
_____	Social Security Income	_____
_____	Welfare	_____
_____	Other income	_____
_____	TOTAL	_____

Special income sources (indicate if one-time or recurring payment)

_____	Red Cross	_____
_____	Salvation Army	_____
_____	Other (explain):	_____
_____	Family	_____
_____	Friends	_____
_____	TOTAL	_____

EXPENSES:

* Attach supporting documentation. Indicate if an eviction notice or notice to stop services has been received (attach notice).

Date	Actual or Monthly Average	Amount Due Now (Include Past Due or Out-of-the-Ordinary Expenses)	Outstanding Balance (If account carries a balance)
_____	Emergency Expenses:	_____	_____
_____		_____	_____
_____	Alimony/Child Support	_____	_____
_____	Automobile Insurance	_____	_____
_____	Automobile Payment	_____	_____
_____	Bank Fees	_____	_____
_____	Cable/Satellite	_____	_____
_____	Cellular Phone	_____	_____
_____	Child Activities (Scouts, Camps, etc.)	_____	_____
_____	Child Care	_____	_____
_____	Clothes, Shoes, Jewelry	_____	_____
_____	Computer Payment	_____	_____
_____	Credit Card Payments	_____	_____
_____	Other:	_____	_____
_____	Entertainment	_____	_____
_____	Streaming/Gaming	_____	_____
_____	Food (groceries, restaurants, etc.)	_____	_____
_____	Eating out	_____	_____
_____	Gardening/Lawn Care	_____	_____
_____	Health Insurance	_____	_____
_____	Home Maintenance / Condo Fees	_____	_____
_____	Home Systems (alarms)	_____	_____
_____	Internet	_____	_____
_____	Job training/Education expenses	_____	_____
_____	Legal, Accounting, Counseling Fees	_____	_____
_____	Life Insurance	_____	_____
_____	Loan Payments for: boat	_____	_____
_____	Loan Payments - Student	_____	_____
_____	personal loan	_____	_____
_____	Xmas Loan	_____	_____
_____	Medical Expenses:	_____	_____
_____	Doctor	_____	_____
_____	Clinic	_____	_____
_____	Hospital	_____	_____
_____	Dental	_____	_____
_____	Medication	_____	_____
_____	Other	_____	_____
_____	Medical Insurance	_____	_____
_____	Mortgage/PMI/Rent	_____	_____
_____	Optometric Expenses	_____	_____

Personel Care (haircut, etc)	
Pet Care/Vet	
Postage/Shipping	
Property Taxes & Insurance (Escrow)	
Recreation (sports, hobbies, etc.)	
Religious Expenses	
Telephone	
Transportation Costs (Gas, Parking)	
Utilities:	
Water/Sewer	
Electric (disconnect enclosed)	
Gas	
Other:renters insurance	
Job Service	
Travel to ND (7 months)	
TOTAL	

I certify this information to complete and accurate to the best of my knowledge.

Signature of Applicant Date