



New York National Guard Family Readiness Council Grant Application

**Not Affiliated with the Department of Military and Naval Affairs or any other
State of New York Government Agency**

*PLEASE COMPLETE THIS FORM IN ITS ENTIRETY - THE INFORMATION WILL BE USED TO
DETERMINE YOUR ELIGIBILITY FOR A FAMILY GRANT*

1. Name of Applicant:		
2. E-Mail Address :		
3. Mailing address:	City:	State/Zip
4. Home Phone:	4a. Work Phone:	4b. Cell / Other:
5. Rank /Name of Military Member:		6. Unit:
7. Dates of Deployment:	From:	To:
8. Household Income Annualized	Pre-Deployment:	Current:
9. Number of children in the Household:	10. Their ages:	11. Others in household (Specify)
12. Attach a statement explaining (a) the circumstances that created your financial need; (b) the specifics of the type of assistance you are requesting (For example, but not limited to, assistance in paying for any of the following types of services: housing or emergency housing repairs, automobile repairs, utility services, and medical services.) (c) the specifics of any steps you have taken to remedy your situation and the result of those efforts, e.g., contacting creditors to negotiate a payment schedule within your means or drawn on and/or depleted savings; and (d) the specifics of any applications you have made for assistance from other organizations including the result of those efforts.		
13. In addition to the statement required above the following items are attached and included as a part of this application. Items noted with an asterisk (*) are required.		
____ Most Recent Leave and Earnings Statement (DFAS Form 702)*		____ Eviction Notice
		____ Current Overdue Bills (Copies)
14. I, the undersigned, hereby authorize the New York National Guard Family Readiness Council and/or its representative(s) to request and/or release any information, which in their judgment, is needed to clarify information contained in this application and to secure assistance on my behalf. I also release the New York National Guard Family Readiness Council and/or its representative(s) from any liability as they seek to assist me. I also certify that all information contained in this application is true, correct, and complete to the best of my knowledge.		
Applicant's Signature:		Date:
Signature of spouse (only if for a joint application):		Date:
I, _____, recommend approval of the subject grant application and verify _____ is eligible for relief. (Member's Name)		
15. Unit Commander Endorsement: Name –		
Signature of Endorser:		Date:
Grade:	Position:	Organization:
PLEASE DO NOT FILL IN THIS SPACE. THIS SPACE IS USED BY THE FINANCE COMMITTEE.		
16. Finance Committee Received on		
17. BOARD ACTION:		
Grant Approved in the Amount Of:	Grant Not Approved	Date:
Name	Name	
Comments		