



**Indiana Department of Veterans Affairs**  
**Military Family Relief Fund (MFRF) Application**  
If you need assistance completing this application, please call 1-800-400-4520

**Mail To:**  
Indiana Department of Veterans Affairs  
302 W. Washington Street E120  
Indianapolis, IN 46204

***Military Member/Veterans' Information***

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
NATIONAL GUARD \_\_\_\_\_ RESERVES \_\_\_\_\_ ACTIVE DUTY \_\_\_\_\_ VETERAN \_\_\_\_\_  
IS MEMBER/VETERAN MARRIED: YES NO

**APPLICATION INFORMATION (SPOUSE'S OR DEPENDENT'S INFORMATION IF APPLICANT IS OTHER THAN THE MILITARY MEMBER)**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ RELATIONSHIP TO MILITARY MEMBER: \_\_\_\_\_

I/WE **HAVE** **HAVE NOT** applied for a MFRF grant before.  
(Circle One)

**MILITARY UNIT POINT OF CONTACT FOR VERIFICATION (VERIFICATION MANDATORY)**

I verify that service member is in good standing with the unit, and that all necessary documentation is attached and the need is verified.

NAME: \_\_\_\_\_  
POSTION/TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

ITEM (Repair, Service, Bill, etc)	SERVICE PROVIDER (Company Name & Phone Number)	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____

*Please use attachment(s) if additional space is necessary)*

Total Amount Requested \$ \_\_\_\_\_

Total Service Member pre-tax civilian monthly income \$ \_\_\_\_\_

Total Military monthly income (Pre Tax) \$ \_\_\_\_\_

Items required for Proof are listed below. **Please check the line below when each item is provided.**

Requested Document

\_\_\_\_\_ (TAB A) Attach written statement or letter from service member or family member (if member is deployed) on what the grant will be used for. In the attached statement, please explain why military duty impairs the ability to pay the debt or bill.

\_\_\_\_\_ (TAB B) Attach a copy of mobilization, active duty orders, or DD214 issued by authorized headquarters.

\_\_\_\_\_ (TAB C) Attach a copy of your civilian payroll record or stub indicating the monthly salary prior to deployment. (Both husband and wife if married)

\_\_\_\_\_ (TAB D) Attach a copy of the most recent military (LES) salary.

\_\_\_\_\_ (TAB E) Attach a copy of your most recent Tax Return.

\_\_\_\_\_ (TAB F) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for.

*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 State of Indiana and Joint Forces Headquarters or the appropriate Reserve Forces Command 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, however, failure to provide requested information may prohibit the processing of this grant application. In accordance with applicable laws, the State of Indiana and the appropriate Selected Reserves HQ 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 fully understand that if funds are granted, they are to be used for the bills I submitted. I also understand that funds will be deposited by the State of Indiana directly into my checking or savings account.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**