



Military Family Relief Fund

The Military Family Relief Fund is designed to assist veterans and their dependents that are experiencing financial hardship. This grant may be awarded for needs such as housing, utilities, food, medical services, education and employment expenses, childcare, basic transportation, and other essential family or critical household needs which have become difficult to afford.

The veteran must have an honorable, under honorable conditions, or certain other than honorable discharges.

The gross household income cannot exceed 2 times the US federal poverty guideline.

The applicant must prove genuine financial hardship. Financial hardship will be determined by a combination of the applicant's income, spending habits, and the circumstances of the hardship.

An eligible dependent child shall be under 18 years of age or is 18 – 23 years of age but still enrolled in high school, or a high school equivalency program, or enrolled in a full-time course of study in an institution of higher education. Proof of dependency and residency is required.

The lifetime maximum amount an applicant may receive from the fund is two thousand five hundred dollars (\$2,500), unless a higher amount is approved by the Indiana Veterans Affairs Commission.

Required Documents Checklist

- Application: General Information, Grant Request, Budget Worksheet, W9 (must have handwritten signature), and Direct Deposit Form (must have handwritten signature)
- Statement letter written and signed by the veteran (explaining IN DETAIL your hardship)
- DD214 that shows the type of discharge
- Current bills, invoices, or estimates for all items you are asking for assistance with
- All pages of the most current bank statements for all accounts you own including retirement, asset, and investment accounts, showing all deposits and withdrawals for 30 days
- Evidence of income for applicant and spouse (2 weeks of most current pay stubs, VA compensation, Social Security, retirement, unemployment, etc.)
- Prior Year W-2, 1099 forms and a copy of your federal 1040 form, if you don't file taxes indicate that in your statement letter
- Proof of Indiana residency (driver's license, VA ID card, or IN ID card)
- Proof of dependency and residency for each child listed must be included

See website (In.gov/DVA) for FAQ, definitions, and explanation of program qualifications.

Send completed applications to:

Mail to: Indiana Department of Veterans Affairs
Attn: Military Family Relief Fund
777 North Meridian Street, Suite 300
Indianapolis, IN 46204

Fax to: 317-232-7721

Email to: MFRF@dva.IN.gov

For more information, please contact:

Lynn Dickey (Co-Director)
317-232-3914 ldickey@dva.in.gov

Lesley Evans (Co-Director)
317-955-9962 leevans@dva.in.gov



**MILITARY FAMILY RELIEF FUND (MFRF)
APPLICATION**
State Form 53880 (R3 / 5-21)

INDIANA DEPARTMENT OF VETERANS AFFAIRS
Indiana Veterans' Center
777 North Meridian Street, Suite 300
Indianapolis, Indiana 46204
Telephone: (317) 232-3910
Toll-Free: (800) 400-4520
Fax: (317) 232-7721
E-mail: MFRF@dva.in.gov
Website: www.in.gov/dva

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

MILITARY MEMBER'S INFORMATION

Name: _____ Date of Birth (mm/dd/yy): _____

Home Address (number and street): _____

City: _____ State: _____ ZIP: _____

Home Telephone: _____ Mobile Telephone: _____

Social Security Number*: _____ Disability Percentage: _____

Number of Dependents: _____ Marital Status: _____

Dates of Service (mm/yy): _____ to _____ Discharge: _____

Employment Status: _____ Monthly Income: _____

E-mail: _____

Branch of Service: ☐ Army ☐ Navy ☐ Marines ☐ Air Force ☐ Coast Guard ☐ Space Force
Please check branch of service.

DEPENDENTS INFORMATION

Name: _____ Date of Birth (mm/dd/yy): _____

Name: _____ Date of Birth (mm/dd/yy): _____

Name: _____ Date of Birth (mm/dd/yy): _____

Name: _____ Date of Birth (mm/dd/yy): _____

SPOUSE'S INFORMATION

Spouse: _____ Date of Birth (mm/dd/yy): _____

Mailing Address (number and street): _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Social Security Number*: _____

Employment Status: _____ Monthly Income: _____

E-mail Address: _____

I / We (check one) ☐ Have ☐ Have Not applied for a MFRF grant before.

Date of Last Application (mm/dd/yy)

GRANT REQUEST

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

ITEM (Rent, utility bill, repairs, etc.)	SERVICE PROVIDER (Company Name and Telephone Number)	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
Total Amount Requested		\$ _____

Qualifying Bills

- Housing – Rent / Mortgage
- Utilities
- Food
- Current Medical Expenses
- Transportation – Vehicle Payments, Basic Emergency Repairs, or Insurance

Non-Qualifying Bills

- Personal Debts – Credit Cards, Student Loans, Pay Day Loans
- Entertainment Expenses
- Attorney's Fees, Child Support, Garnishments, Taxes, Collections, Canceled Accounts
- Purchasing a Home or Vehicle
- Bills in advance of more than ten (10) days or reimbursing bills already paid

All applications for assistance are evaluated on a case-by-case basis.

Applications may be closed out if required documents are not received within thirty (30) days of initial submission.

An applicant has the right to appeal any decision to the Indiana Veterans' Affairs Commission.

I certify all information contained in this application 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 Defense Enrollment Eligibility Reporting System (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 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 understand that my application will be closed if there is any missing information not submitted within thirty (30) days. I also understand that if funds are granted, funds will be deposited by the State of Indiana directly to the vendor or into my checking or savings account at the discretion of the State of Indiana.

Applicant Signature

Date (month, day, year)

Monthly Budget Worksheet		
Applicant: _____		Spouse: _____
Number of Children Living in Household: _____		
Have you applied to other organizations for financial assistance? _____		
Please provide the names of the organizations and specify whether they assisted you or not.		

Income	Amount	Notes (if Applicable)
Active Duty Pay / DoD Retirement	\$	
VA Disability Compensation	\$	
SCAADL / VA Caregivers	\$	
Food Stamps / State Aid	\$	
Social Security	\$	Veteran: Dependents:
School Benefits (GI Bill/Voc Rehab/Financial Aid)	\$	
Child Support	\$	
Veteran Employment	\$	Hourly Pay: Hours:
Spouse Employment	\$	Hourly Pay: Hours:
Unemployment	\$	
Special Pay	\$	
Other Income	\$	
Total Monthly Income	\$	
Expenses		
Rent / Mortgage	\$	
Vehicle Payment	\$	How many:
Vehicle Insurance	\$	
Electric	\$	
Water / Sewer / Garbage (total)	\$	
Gas / Propane for Home	\$	
Cable / Internet / Home Phone	\$	
Cell Phone	\$	
HOA Fees	\$	
Food	\$	
Medical (co-pays, prescriptions, etc.)	\$	
Personal Needs	\$	
Gas (vehicle)	\$	
Child Care Payments	\$	
Child Support Payments	\$	
Legal Fees	\$	
Dining Out / Entertainment	\$	
Monthly Credit Card Payments	\$	How many:
Monthly Student Loan Payments	\$	How many:
Monthly Personal Loan Payments	\$	How many:
Monthly Allocated to Savings	\$	
Other	\$	
Total Monthly Expenses	\$	
Difference		
Total Income	\$	
Total Expenses	\$	
Monthly Surplus / Deficit	\$	

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	(Applies to accounts maintained outside the United States.)	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

State Form 47551 (R10 / 12-24)

Approved by State Board of Accounts, 2018

Prescribed by State Comptroller, 2024

* This agency is requesting disclosure of your Federal Identification Number / Social Security Number in accordance with IC 4-1-8-1.
Disclosure is mandatory, and this record cannot be processed without it.

In accordance with **IC 4-13-2-14.8**, a person who has a contract with the State of Indiana or submits invoices to the State of Indiana for payment shall authorize the direct deposit by electronic funds transfer of all payments by the state to the person.

This form must be completed in order to receive payment from the State of Indiana and any time there is a change in banking information. This form must be accompanied by a W9. If you are changing an e-mail address to receive electronic notifications of EFT deposits, please contact suppliers@comptroller.in.gov.

☐ New Enrollment

☐ Change of Existing Account

Prior Routing Number: _____

Prior Account Number: _____

SECTION 1:

AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Name of Company or Individual (as shown on the account)

Federal Identification Number / Social Security Number *

Address (Number and Street and/or PO Box Number)

City, State, and ZIP Code (00000-0000)

SECTION 2:

DIRECT DEPOSIT INFORMATION

Type of Account:

☐ Checking (Demand)

☐ Savings

Financial Institution: _____

Routing Number (9 digits): _____

Account Number (maximum 17 digits – include leading zeros): _____

SECTION 3: E-MAIL ADDRESS TO RECEIVE ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS *Required

(Please contact suppliers@comptroller.in.gov to add more than four addresses.)

All future notices of EFT deposits to the bank account specified above will be sent to the following e-mail addresses:

☐ By checking this box, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. I also authorize the State of Indiana to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME (type) _____ TITLE _____ TELEPHONE _____

AUTHORIZED SIGNATURE* _____ DATE (month, day, year) _____

* Under **IC 26-2-8-106**, your electronic signature on this form represents the same legal authority as your written signature.