



## **Military Family Relief Fund**

### **OPERATION HOLIDAY PROGRAM**

The Military Family Relief Fund Operation Holiday Program is designed to assist veterans and their families that are experiencing financial hardship. This special program can assist with essential holiday expenses for the children that reside in their homes and a holiday meal for qualified veterans. The assistance amount would be \$200.00 per child residing in the veteran's household and \$150.00 for the holiday meal.

This program will begin on November 1, 2021, and end on December 30, 2021. Any applications received after 4PM on December 15<sup>th</sup> cannot be processed. Any applications that are not complete at 4PM December 15<sup>th</sup> will be closed.

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

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

An eligible child shall be under 18 years of age at the time of the application, or the child is 18 years of age and still enrolled in high school or a high school equivalently program.

Please note, if you have received a previous award the maximum lifetime amount an applicant may receive from the fund is two thousand five hundred dollars (\$2,500.00), unless a higher amount is approved by the commission.

#### **Required Documents Checklist:**

- Application: General Information form and Grant Request
- W9 (must have handwritten signature), Direct Deposit Form (must have handwritten signature)
- Proof that children reside with veteran. See list of accepted residency documents on grant request form
- DD214 that shows the type of discharge
- First page of the most current bank statement for all accounts you own, showing account balance
- Evidence of income for applicant and spouse (2 weeks of most current pay stubs, VA compensation, Social Security, retirement, unemployment, etc.)

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](mailto:MFRF@dva.IN.gov)

For more information, please contact:

Lynn Dickey (Director)      Janie Gregory (Assistant Director)  
317-232-3914                      317-234-8648



**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](mailto:MFRF@dva.in.gov)  
Website: [www.in.gov/dva](http://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 from the MFRF Operation Holiday Program.

There are _____ children residing in my household @ \$200.00 each.	\$ _____
Holiday Meal (\$150.00)	\$ _____
<b>Total Requested</b>	\$ _____

- Proof of residency for each child could include, but is not limited to:
  - School correspondence (report card, emails, school notices, etc.) indicating that the child resides at the same address as the veteran
  - Doctor's bills, pharmacy bills, immunization records, or any other official letters or notices indicating that the child resides at the same address as the veteran
  - Landlord or property management statement indicating that the child resides at the same address as the veteran
  - Childcare records indicating that the child resides at the same address as the veteran
  - Social service records or statements indicating that the child resides at the same address as the veteran
  - Insurance records indicating that the child resides at the same address as the veteran
  - State issued ID for the child indicating that the child resides at the same address as the veteran
  - Divorce decree or settlement agreement indicating that the veteran has custody of the child

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

I certify that 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 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 cannot be processed if it is received after 4PM December 15, 2021.

I understand that my application will be closed if there is any missing information not submitted by 4PM December 15, 2021.

**I also understand that if funds are granted, funds will be deposited by the State of Indiana directly into my checking or savings account at the discretion of the State of Indiana.**

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

\_\_\_\_\_  
Date



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

## 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.

<b>Social security number</b>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-		-	
		-		-		
<b>or</b>						
<b>Employer identification number</b>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-		-	
		-		-		

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

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶

## 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](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

State Form 47551 (R7 / 5-18)  
Approved by State Board of Accounts, 2018  
Prescribed by Auditor of State, 2018

\* 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 [vendors@auditor.in.gov](mailto:vendors@auditor.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

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

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 [vendors@auditor.in.gov](mailto:vendors@auditor.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.