



## Military Family Relief Fund

The Military Family Relief Fund is designed to assist veterans and their dependents that are experiencing financial hardship. This emergency grant may be awarded for needs such as housing, utilities, food, medical services, or basic transportation (car payments, insurance, and basic emergency car repair) which have become difficult to afford.

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.

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

The 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 commission.

### **Required Documents Checklist:**

- Application: General Information, Grant Request, and Budget Worksheet
- W9 (must have handwritten signature), Direct Deposit Form (must have handwritten signature), and Authorization to Release Information form (include spousal information if married)
- Statement letter signed by the veteran (explaining IN DETAIL your hardship and what assistance you are requesting)
- 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, showing all deposits and withdrawals. Statements from all retirement, asset, and investment accounts
- Evidence of income for applicant and spouse (2 of your most recent pay stubs, VA compensation, Social Security, retirement, unemployment, etc.) A completed DWD work history form is required for applicant and spouse
- Prior Year W-2s, 1099 form and a copy of the tax return 1040 form
- Proof of Indiana Residency. Driver's license, VA ID card, and IN ID card

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                      317-2348648



**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 to pay for the following items:

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

### 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.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Income</b>	<b>Amount</b>	<b>Notes (if Applicable)</b>
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	\$	
<b>Total Monthly Income</b>	<b>\$</b>	
<b>Expenses</b>		
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	\$	
<b>Total Monthly Expenses</b>	<b>\$</b>	
<b>Difference</b>		
Total Income	\$	
Total Expenses	\$	
Monthly Surplus / Deficit	\$	

# 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.

<b>1 Name (as shown on your income tax return).</b> Name is required on this line; do not leave this line blank.	
<b>2 Business name/disregarded entity name, if different from above</b>	
<b>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1.</b> Check only <b>one</b> of the following seven boxes.	<b>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</b>  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<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	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <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 not 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.	
<input type="checkbox"/> Other (see instructions) ▶ _____	
<b>5 Address (number, street, and apt. or suite no.)</b> See instructions.	Requester's name and address (optional)
<b>6 City, state, and ZIP code</b>	
<b>7 List account number(s) here (optional)</b>	

## 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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>																						
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## 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.

<b>Sign Here</b>	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](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.



# AUTHORIZATION FOR CONSENT TO RELEASE INFORMATION

State Form 56650 (1-19)

## INDIANA DEPARTMENT OF VETERANS AFFAIRS

Indiana Veteran's Center  
777 North Meridian Street, Suite 300  
Indianapolis, Indiana 46204-2738  
Telephone: (317) 232-3910  
Fax: (317) 232-7721  
Website: [www.in.gov/dva](http://www.in.gov/dva)

I \_\_\_\_\_, hereby authorize the Indiana Department of Veterans' Affairs access to obtain information pertaining to my financial institution, billing/payment information and employment history. I fully release the Indiana Department of Veterans' Affairs, and any and all employees, directors, and agent's permission to request verification of any information provided to them by me from the vendors in which I am requesting assistance with. I agree to willingly provide any information required to assist in this process.

It is to my understanding that the information being obtained will only be used in determining my eligibility for the Military Family Relief Fund and any other services I may apply for through the Indiana Department of Veterans' Affairs. I understand that the individuals reviewing my case determines the outcome and can decide to allocate funds approved directly to the vendors.

I hereby state that all information I have provided to the Indiana Department of Veterans' Affairs, in any form, is true to the best of my knowledge. I understand that any known misrepresentation made to the Indiana Department of Veterans' Affairs will result in denial of services and may exclude me from further consideration for services requested. Any information being obtained will not be used in violation of any federal or state law or regulation.

Applicant

Spouse

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date (month, day, year)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date (month, day, year)

### For Official Use Only

Date Received (month, day, year): \_\_\_\_\_ Received By: \_\_\_\_\_



## RELEASE OF INFORMATION

**\*APPLICANT'S NAME:** \_\_\_\_\_

**Additional names used during employment:** \_\_\_\_\_

**\*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*\*\*Applicant contact information*

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

\_\_\_\_\_  
**\*SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**\*TODAY'S DATE:**

**NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

Check this box if a Power of Attorney is attached.

-----  
**NOTE: This section must be completed by the organization requesting employment history.**

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

**\*SIGNATURE OF REQUESTOR:** \_\_\_\_\_

**\*Printed Name of the Requestor:** \_\_\_\_\_

**\* Requesting Organization:** \_\_\_\_\_

**\*Email Address:** \_\_\_\_\_

**\*Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*REQUIRED FIELDS**

**\*\*Applicant's phone number, email address, or mailing address is required.**

Email [employverification@dwd.in.gov](mailto:employverification@dwd.in.gov) to reach a DWD employment history or LKE website specialist.