

California National Guard Military Family Relief Fund Application

Please mail this form to:
California National Guard, ATTN: CNGMFRF Box 37
P.O. Box 269101 Sacramento, CA 95826-9101

Please complete this form in its entirety. The information will be used to assess our ability to assist you.

Name of Requestor		E-mail Address									
Mailing Address											
Home Phone		Work Phone									
Home Phone		Cell/Other									
Name/Rank of Military Member			Unit of Assignment								
Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Air		Currently Deployed to (if applicable)									
Number of children in household	Ages: (Separate with comma)	Special needs?									
Spouse's employer, job title and salary											
<p><i>I am requesting the following assistance. Please specify the exact amount(s) of each and the category it pertains to.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Food <input type="checkbox"/></td> <td style="width: 50%;">Medical services <input type="checkbox"/></td> </tr> <tr> <td>Housing <input type="checkbox"/></td> <td>Medical prescriptions <input type="checkbox"/></td> </tr> <tr> <td>Child Care <input type="checkbox"/></td> <td>Insurance <input type="checkbox"/></td> </tr> <tr> <td>Utilities <input type="checkbox"/></td> <td>Vehicle Payments <input type="checkbox"/></td> </tr> </table>				Food <input type="checkbox"/>	Medical services <input type="checkbox"/>	Housing <input type="checkbox"/>	Medical prescriptions <input type="checkbox"/>	Child Care <input type="checkbox"/>	Insurance <input type="checkbox"/>	Utilities <input type="checkbox"/>	Vehicle Payments <input type="checkbox"/>
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<p><i>This situation has occurred due to the following events, reasons, or circumstances: (Use 8 1/2X11 plain paper if additional pages are needed)</i></p>											
<p>Your completed packet should consist of ALL documentation found on the California National Guard Military Family Relief Fund Application Checklist</p> <p>By my signature below, I attest that all information contained in this application is true and correct. I understand that any information provided for the purposes of this application is subject to verification and/or investigation. I further acknowledge that failure to provide additional requested information, failure to provide consent for release of substantiating records from third parties, or submission of false, fraudulent, or inaccurate information may result in my application being denied and disqualification from consideration for future requests. Submission of knowingly false or fraudulent information may be grounds for adverse administrative action and/or UCMJ or civilian criminal prosecution.</p>											
Submitted By: Print Name		Date									
Signature											
For Committee Use Only:		Date									
Reviewed and sent to committee by:											
Committee Action	Approved	Denied	Date								

California National Guard Military Family Relief Fund Application
Documents Required to be Submitted with Application Packet

Name (Last, First, MI)	Rank	Unit

PLEASE NOTE The CNG will access DEERS for a copy of DD Form 1172-2 to verify California residency requirements.

	YES	NO	N/A
1. CNGMFRF Application (JFHQ Form 37-4-R - attached).			
2. Active Duty Orders for at least 60 days. Active Duty Orders will consist of a verified copy of the CNG Member's Title 32/Title 10/ESAD orders to Active Duty and DD Form 214 or other related document(s) the duty was/is being performed for a period of 60 days or more.			
3. California National Guard Service. A statement of service memorandum from the unit commander or other appropriate official, verifying membership in the California National Guard.			
4. Military Salary. CNG Member will provide copies of Leave and Earnings Statement (LES).			
5. Civilian Salaries. Copies of payroll records from the CNG Member's civilian employer that indicate the member's monthly salary for the previous three months. Self employed CNG members must submit a copy of their previous year's tax returns and/or a copy of the previous two quarters estimated taxes.			
6. Billing Statements. Copies of payment statements, payment books or invoices for expenses the grant money will be used to satisfy must accompany the application. The grant will only be used for food, housing, child care, utilities, medical services, medical prescriptions, insurance, and vehicle-related payments.			
7. Custodial/Guardianship (If applicable). If a custodial parent or guardian is applying for a grant on behalf of a CNG Member's dependent, the custodial guardian must show proof of guardianship of a CNG Member's dependent currently enrolled in DEERS, such as power of attorney or court appointment documents.			
8. Service Member Montly Expense Report (JFHQ Form 37-5-R – attached)			
9. Other			

**California National Guard Military Family Relief Fund
Monthly Expense Report (Page 1 of 2)**

1. Date:

2. Name of Requester:

This is a list of typical monthly expenses. Please fill in each category that applies to you.

Monthly Bills	Cost per month*
Housing (rent/mortgage)	
Insurance (homeowners / rental)	
Food	
Other Groceries (toiletries, laundry & cleaning supplies, etc.)	
Child Care	
Utilities (gas & electric power)	
Other Utilities (water/sewer/garbage)	
Home Phone	
Cell Phone(s)	
Internet	
Medical Insurance	
Medical Prescriptions	
Dental Insurance	
Life Insurance	
Alimony	
Child Support	
Vehicle Payments	
Vehicle Insurance	
Fuel	
Vehicle Service	
Other Transportation (public transportation fares)	
Educational Expenses (school tuition/student loans)	
Child School Expenses (athletics/uniforms/music lessons/etc)	
Business Expenses (home office etc.)	
Dues / Subscriptions (newspaper, club/gym memberships)	
Union Dues	
Credit Cards	
Lawn Care	
Other	
Other	
Total	\$
	*subject to verification

One-time expenses (during deployment) (vehicle services, emergency medical expenses, etc)	Amount*
	*subject to verification

**California National Guard Military Family Relief Fund
Monthly Expense Report (Page 2 of 2)**

3. Comments.

By my signature below, I attest that all information contained in this application is true and correct. I understand that any information provided for the purposes of this application is subject to verification and/or investigation. I further acknowledge that failure to provide additional requested information, failure to provide consent for release of substantiating records from third parties, or submission of false, fraudulent, or inaccurate information may result in my application being denied and disqualification from consideration for future requests. Submission of knowingly false or fraudulent information may be grounds for adverse administrative action and/or UCMJ or civilian criminal prosecution.

Full Name

Applicant's Signature

Date