California National Guard Financial Assistance Fund (CNGFAF)

Please mail form to: California National Guard, ATTN: CNGFAF, P.O. Box 269101, Box 37, Sacramento, CA 95827-3562

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**	**Cell/Other**
Name/Rank of Military Member	**Currently Deployed to**	
Was Deployed to	**Unit of Assignment**	
Service Members pre-deployment employer, job title and salary		
Number of children in household	**Ages**	**Special needs?**
Spouse's employer, job title and salary		

I am requesting the following assistance. Please specify the exact amount(s) of each and the category to which it pertains.

Food	_____	Medical services	_____
Housing	_____	Medical prescriptions	_____
Child care	_____	Insurance	_____
Utilities	_____	Vehicle Payments	_____

This situation has occurred due to the following events, reasons, or circumstances:

(Use 8 ½X11 plain paper if additional pages are needed)

Submitted by	**Date**

The following documents are attached for eligibility criteria (as applicable or requested)

___ **Copy of Current Mil/Depend ID** ___ **Current Leave & Earnings Statements (civ.)** ___ **Repair or other estimate of cost**

___ **Deployment Orders** ___ **Current Leave & Earnings Statements (/mil.)** ___ **Other (specify):**

Complete this block **SIGNATURE:** I authorize access to DEERS or other privacy information for verification purposes. *If eligible to receive grant, I certify these funds will be used for the reasons indicated above.*	**Date**

For Committee Use Only

Reviewed and sent to committee by	**Date**
Verified by CAC DEERS Verification Officer	**Date**
Committee Action	**Date**