



Indiana Department of Veterans Affairs

Military Family Relief Fund - COVID 19

The Military Family Relief Fund COVID-19 Emergency Assistance program is designed to assist military families that are experiencing financial hardship. The funds are provided to assist these families in sustaining essential household expenses during this National Emergency. In combination with utilizing MFRF, the Indiana Department of Veterans' Affairs offers several other services that will give the service member every opportunity to provide a steady life for their family.

The service member must be serving honorably or must have received an honorable or under honorable conditions discharge. Qualified Service Members may be eligible for the fund if they have at least 12-months of active duty.

The emergency grant may be used on a case by case basis by families for up to 2 months of household needs such as food, housing, utilities, medical services, child care, and other essential family support which has become difficult to afford.

Required Documents:

- Application includes: General Information, Grant Request, Budget Worksheet, W9 (must have handwritten signature), Direct Deposit Form (must have handwritten or digital signature), Authorization to Release Information form (include spousal information if married).
- Statement letter signed by the veteran (explaining **IN DETAIL** your hardship and **how the COVID-19 emergency has effected you**).
- DD214 that shows the type of discharge.
- 2 months of current bills, invoices, for all items you are asking for assistance with.
- Most current month's complete bank statements for all accounts you own; showing all deposits and withdrawals for 30 days.
- Evidence of income for applicant and spouse (last 2 pay stubs, VA compensation, SSA, retirement, cash assistance, unemployment, etc.)
- A letter from your employer verifying that your employment income has been interrupted.

Indiana Department of Veterans Affairs
Submit Applications by:

Fax: 317-232-7721

Email: MFRF@dva.in.gov

For questions please contact the following:

Lynn Dickey: 317-232-3914 Kay Ross: 317-234-8653 Nicole Vandyke: 317-234-8656



MILITARY FAMILY RELIEF FUND (MFRF) APPLICATION

State Form 53880 (R2 / 1-19)

INDIANA DEPARTMENT OF VETERANS AFFAIRS

302 West Washington Street, Room E120

Indianapolis, Indiana 46204-2738

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.

*Mail, fax, or e-mail this completed application to the Indiana Department of Veterans Affairs at the above address.
If you need assistance completing this application, please call 1-800-400-4520.*

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

Please check branch of service.

SPOUSE'S INFORMATION

Spouse: _____ Social Security Number*: _____

Mailing Address (number and street): _____

City: _____ State: _____ ZIP: _____

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

Employment Status: _____ Monthly Income: _____

Names / Ages of Children: _____

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

Date of Last Application (mm/dd/yy): _____

If awarded funds through the Military Family Relief Fund, applicant MUST provide receipt of payments towards below mentioned bills no more than two weeks after payment approval.

GRANT REQUEST

AMOUNT APPROVED: \$ _____

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 | | \$ _____ |

Please use attachment(s) if additional space is necessary.

Total monthly gross **household** income, including military pay, VA disability and SSI \$ _____Items required for Proof are listed below. **Please check the line below when each item is provided.**Requested Document

- ☐ - Statement letter signed by the veteran (explaining **IN DETAIL** your situation and how the COVID-19 emergency has effected you).
- ☐ - DD214 issued with type of discharge.
- ☐ - Attach copies of bills and invoices for expenses the grant will be used for.
- ☐ - Most current month's bank statements of all accounts in household.
- ☐ - Attach a copy of your last 2 pay stubs (both husband and wife if married)/ VA benefits letter/ SSA, retirement, cash assistance, unemployment, etc.

I certify the above information 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 and the appropriate Selected Reserves HQ 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.***

By signing this application, I authorize the Indiana Department of Workforce Development ("DWD") to disclosure my records and information contained within DWD's Unemployment Insurance system. I designate the Indiana Department of Veterans Affairs as my agent, pursuant to 20 C.F.R. 603.5(d)(1) and I.C. § 22-4-19-6(f)(2), to receive any such records and information in order to verify my ability to receive assistance pursuant to this application. The information disclosed may include any information pertaining to benefits received by me from DWD, as well as information relating to wages or income I have received, including confidential unemployment compensation information as contemplated by 20 C.F.R. 603.2. Information disclosed pursuant to this release will only be used for the above listed purpose.

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 | \$ | |



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.

☐

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 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.

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.

| | | |
|--|---|---|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: 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) ► | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 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. Also see *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 ► |
|-----------|----------------------------|--------|

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.

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.



AUTHORIZATION FOR CONSENT TO RELEASE INFORMATION

State Form 56650 (1-19)

INDIANA DEPARTMENT OF VETERANS AFFAIRS

302 West Washington Street, Room E120

Indianapolis, Indiana 46204-2738

Telephone: (317) 232-3910

Toll-Free: (800) 400-4520

Fax: (317) 232-7721

Website: 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.

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: _____



INDIANA
WORKFORCE
DEVELOPMENT
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

***NAME OF APPLICANT (PRINT)** _____

***SOCIAL SECURITY:** _____

***CURRENT DATE:** _____

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

***SIGNATURE OF APPLICANT**

☐ Check this box if Power of Attorney is attached

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.

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

***Signature of Requestor:** _____

Requesting Agency: _____

Fax Number: _____

Phone Number: _____

***REQUIRED FIELDS:** For questions email EmployVerification@dwd.IN.gov

Application for a Military Relief Fund Grant - COVID 19

The cover page of the application includes all documents required to make a determination. *Documents included in the application: all must be completed.*

- Application (both pages)
- Budget Worksheet
- W-9 Form
- Direct deposit form
- Authorization form
- DWD Wage history

Documents required from veteran:

- DD-214 or NGB 22
- Statement letter signed by the veteran (explaining situation and how the COVID 19 VIRUS contributed to the current hardship)
- 2 months of current bills, invoices, estimates, etc.
- Most current bank statements for all accounts in household
- Evidence of income for applicant and spouse (pay stubs, VA compensation, SSA, retirement, cash assistance, unemployment, etc.)
- Evidence of assets
- Receipts from previous awards

Eligibility Criteria

- Indiana Resident
- Time in Service (12 months of qualifying service)
- Discharge Type (Honorable or Under Honorable Conditions)

Financial Criteria

- Federal gross income cannot exceed two (2) times the U.S Federal Poverty Guideline

Hardship Criteria

- The hardship incurred by the applicant must be a reasonable and logical consequence of the COVID 19 Virus Emergency
- Must provide proof from employer of interruption of employment income.
- Impacts the veterans most central and basic living needs

Amount of Assistance

- A lifetime maximum of \$2,500 in total assistance from the grant

Complete Application

- The department may deny an incomplete application if all required documentation is NOT received within thirty (30) days of initial submission.
-

MFRF – COVID 19

The MFRF may provide grants to veterans and their dependent family members who are experiencing financial hardship due to the COVID 19 Virus. In general, funds may be used for:

- Housing
- Utilities
- Food
- Medical expenses
- Childcare
- Other essential family support expenses
- Any other items will be considered on a case by case basis

MFRF Funds cannot be used for:

- Personal debts and loans to include, but not limited to credit cards, payday loans, student loans, loans from family and friends, etc.
- Cable TV bills
- Legal expenses and court costs including, but not limited to attorney's fees, tickets, vehicle registration, driver's license fees, child support, income taxes, garnishments/liens, bills that are in collections, etc.
- Non-essential day-to-day living expenses
- Purchasing a vehicle or home