

**TEXAS NATIONAL GUARD FAMILY SUPPORT FOUNDATION  
2024-2025 APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE**

**IMPORTANT APPLICATION INFORMATION:** We are required to obtain sufficient information to verify your identity. You may be asked questions and asked to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**Part 1. MILITARY MEMBER'S INFORMATION (REQUIRED)**

First Name:	M.I.	Last Name:
Social Security Number: (Last 4 only)		Date of Birth (MM/DD/YYYY):     /     /
Permanent Address:		Apt #
City:	State:	Zip Code:
Contact Address (If Different):		Apt #
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		
Rank:	Unit:	
Commander's Name:		Today's Date:

**Part 2. APPLICANT'S INFORMATION (REQUIRED if different from Military Member)**

First Name:	M.I.	Last Name:
Social Security Number: (Last 4 only)		Date of Birth (MM/DD/YYYY):     /     /
Permanent Address:		Apt #
City:	State:	Zip Code:
Contact Address (If Different):		Apt #
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		
Relationship to Military Member:		Today's Date:

**Additional Application Information (Required for Grant Funding)**

**Gender**    Female    Male    Transgender Female    Transgender Male  
                  Gender Nonconforming                    Prefer not to disclose

**Race**        Asian    Black    Caucasian    Native American or Alaska Native  
                  Native Hawaiian or Pacific Islander    Mixed Race    Prefer not to disclose

**Ethnicity**    Hispanic or Latino    Not Hispanic or Latino    Prefer not to disclose

**Part 3. MILITARY SERVICE INFORMATION**

Y    N	Is Military Member currently serving on Title 10?	Y    N	On State Active Duty?
<b>Current Military Status:</b> Full time (AGR/ADOS)    Tech    Traditional/M-Day    Discharged/Retired			
Y    N	Is Military Member currently experiencing Line of Duty injury or medical emergency?		
Y    N	Has Military Member served in combat theater?		
Location(s)		Years:	
<b>Military Unit Point of Contact (If still in the Texas National Guard. Otherwise, leave blank)</b>			
First Name: _____		Last Name: _____	Rank: _____
Title/Position: _____		Unit: _____	
Phone: _____		Email: _____	

**Part 4. CURRENT CIVILIAN EMPLOYMENT AND FAMILY STATUS**

Employment status:	Full-Time	Part-Time	Unemployed
Family residing in household:	Number of adults		Number of dependent children
<b>I attest that these numbers reflect married adults, dependent children under 18, or a child under 22 who is a full-time student.</b>			
<b>INITIALS:</b>		(Please complete <b>Addendum</b> at the end of this application form.)	

**Part 5. FINANCES - INCOME AND EXPENSES**

*Complete the fields with approximate amounts. If not applicable, leave blank.*

<b>GROSS INCOME:</b>	<b>AMOUNT:</b>	<b>MONTHLY EXPENSES:</b>
Military Member's Monthly Income:	\$ _____	Rent/Mortgage: \$ _____
Military Member's Monthly Drill Pay:	\$ _____	Utilities: \$ _____
Spouse's Monthly Income:	\$ _____	Cable/Internet: \$ _____
<b>OTHER INCOME:</b>		Phone(s): \$ _____
<b>TYPE</b>		Vehicle #1: \$ _____
VA Benefits	\$ _____	Vehicle #2: \$ _____
SSI/Disability	\$ _____	Vehicle Insurance: \$ _____
VA Education Benefits	\$ _____	Vehicle Fuel: \$ _____
Welfare (TANF, etc.)	\$ _____	Food: \$ _____
Food Stamps/WIC	\$ _____	Household: Childcare: \$ _____
Unemployment	\$ _____	Child Support: Credit \$ _____
Childcare Assistance	\$ _____	Cards: Loans: \$ _____
Alimony	\$ _____	Child Support: \$ _____
Child Support	\$ _____	Student Loans: \$ _____
Rental Income	\$ _____	Entertainment \$ _____
Other _____	\$ _____	Eating Out \$ _____
		Travel \$ _____
		Other _____ \$ _____
<b>CURRENT SAVINGS:</b>	\$ _____	

**Part 6. REASON FOR SEEKING ASSISTANCE**

*Explain your emergency and why you have been unable to meet these expenses on your own. Use additional pages as necessary.*

**Part 7. WHAT FINANCIAL ASSISTANCE DO YOU NEED?**

*indicate the expenses category and amounts for which you are requesting assistance. Be specific.*

Rent	\$ _____	Vehicle Loan	\$ _____
Mortgage	\$ _____	Vehicle Insurance	\$ _____
Electricity	\$ _____	Vehicle Repair	\$ _____
Water	\$ _____	Assistive Technology	
Gas	\$ _____	Restorative Dental Care	
Cell Phone	\$ _____	Funeral Expenses	
Internet	\$ _____	Public Transportation	
Garbage	\$ _____	(Bus pass/Uber/Lyft, etc)	
Groceries			

**Part 8. FAMILY READINESS SPECIALIST INFORMATION**

**NAME OF TEXAS NATIONAL GUARD SPECIALIST ASSISTING YOU**

**Soldier & Family Readiness Specialist** \_\_\_\_\_

**Employment Coordinator** \_\_\_\_\_

**Personal Financial Counselor** \_\_\_\_\_

**Part 9. DOCUMENTATION REQUIRED**

*Please provide copies of the following documentation with your application.*

**USE CHECKLIST (Application\_Checklist\_2024-2025\_A).**

**ALL DOCUMENTS ARE REQUIRED PRIOR TO APPLICATION APPROVAL**

**I acknowledge that I am not currently requesting assistance with any other organizations. INITIALS** \_\_\_\_\_

**SIGNATURE**

**By signing below, I certify the above information to be true and correct to the best of my knowledge, and I permit the Foundation to confirm and verify the information that I have provided.**

**Signature**

**Date**

# Verification of Dependent Household Members and Verification of Household Income

<u>First Name</u>	<u>Age</u>	<u>Fulltime Student (Y/N)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the persons identified here are my legal dependents, and have provided proof of dependency (birth certificate or Military dependent ID card, or adoption documents).

I certify that I have provided ALL documents pertaining to my income, and the income of my spouse.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_