



MONTANA MILITARY FAMILY RELIEF FUND APPLICATION NEEDS BASED GRANT

See Instructions on Page 3



PLEASE TYPE OR PRINT LEGIBLY

SERVICE MEMBER'S INFORMATION:

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ ALTERNATE PHONE _____

BRANCH _____ RANK/PAY GRADE _____ SOCIAL SECURITY # _____

HOME STATION UNIT OF ASSIGNMENT _____

(Where you would normally drill when not on active duty)

EMAIL ADDRESS _____

APPLICANT'S INFORMATION (IF OTHER THAN THE SERVICE MEMBER)

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ RELATIONSHIP TO MEMBER _____

(If not the service member's spouse, Applicant must include a copy of Power of Attorney)

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF THE ABOVE INFORMATION:

NAME _____

POSITION/TITLE _____ PHONE NUMBER _____

MONTHLY MILITARY PAY & ALLOWANCES, COMBINED, ARE 30% LESS THAN CIVILIAN SALARY
Provide documentation that the service member's monthly military pay and allowances, combined, are at least 30% less than the service member's monthly civilian wages.

1. Monthly civilian salary includes NO overtime (attach a copy of proof of income document) \$ _____

2. Monthly military salary includes base pay and BAH (attach a copy of LES) \$ _____

3. Is military salary at least 30% less than civilian salary? Yes No

**MONTANA MILITARY FAMILY RELIEF FUND APPLICATION
NEEDS BASED GRANT (Continued)**

- SERVICE MEMBER OR FAMILY MEMBER IS EXPERIENCING A SIGNIFICANT EMERGENCY THAT WARRANTS FINANCIAL ASSISTANCE**
Provide an explanation of the significant emergency that the service member or family member is experiencing. (use additional pages if necessary)

List all bills for which you are requesting a grant to pay. Provide documentation of the specific monetary expenses that warrant financial assistance. Documentation includes, but is not limited to, copies of bills, invoices, repair estimates, cancellation notices or any other similar record.

<u>EXPENSE</u>	<u>AMOUNT</u>	<u>DESCRIBE ATTACHEMENT(S)</u>
Food/clothing	\$ _____	_____
Rent/mortgage	\$ _____	_____
Utilities	\$ _____	_____
Medical services/prescriptions	\$ _____	_____
Insurance	\$ _____	_____
Vehicle Payments	\$ _____	_____
Other _____	\$ _____	_____

I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application. I authorize the State of Montana and the Montana Department of Military Affairs access to my pertinent records, including information maintained in DEERS or other automated systems, as may be necessary to evaluate my application. Disclosure of information on this form, including social security numbers is voluntary. **Failure to provide the requested information, however, will prohibit the processing of this grant application.** In accordance with applicable laws, the State of Montana and the Montana Department of Military Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.

SIGNATURE OF APPLICANT _____ **DATE** _____
(Must contain original signature – unsigned applications or facsimile signatures are not acceptable)

**INSTRUCTIONS FOR
MONTANA MILITARY FAMILY RELIEF FUND APPLICATION
NEEDS BASED GRANT**

If you need assistance completing this application please call (406)324-3333

PURPOSE: House Bill 179, passed during the 60th legislative session, established the Montana Military Relief Fund to provide a needs based grant of not more than \$2,000.00 to a service member or to a family member of a service member of the Montana National Guard or Reserve Components who are in active duty status for federal service in a contingency operation for a period of more than 30 days.

ELIGIBILITY: To be eligible for a needs based grant under the Military Family Relief Fund the Grantee must be:

1. A service member or a family member of a service member:
 - (a) of the Montana National Guard or a Reserve Component as defined in 38 U.S.C. 101.
 - (b) who is a resident of Montana
 - (c) who is in active duty status for federal service in a contingency operation for at least 30 consecutive days.
 - (d) whose pay grade is no higher than O-3 or W-3 at the time of this application.

2. The grant recipient must be a service member or a person that has been approved as a dependent of a service member and is enrolled as a dependent in the Defense Enrollment Eligibility Reporting System (DEERS)

INELIGIBILITY:

1. Any service member or family member of a service member, who at the time prior to disbursement of funds pursuant to this grant application, received a punitive discharge or an administrative discharge with service characterized as "Under other than honorable conditions" is ineligible for any grant.
2. Any service member or family member of a service member who was discharged from active duty prior to the date of the application.

DOCUMENTATION:

1. Completed and signed application, MMFRF Form 2.
2. Proof that the service member's monthly military pay and allowances, combined, are at least 30% less than the service members monthly civilian wages or income;
OR
Proof that the service member or a family member is experiencing a significant emergency that warrants financial assistance.

Prior to processing, the Centralized Services Division must receive from the National Guard or Reserve Component:

1. Copy of military orders showing proof of active duty.
2. Copy of DEERS printout providing Full Name, Mailing Address, Social Security Number, and relationship of each dependant to the service member.
3. If a custodial parent or guardian is applying for a grant of behalf of a family member, proof of guardianship must be provided.

PROCESSING STANDARDS: All applications will be reviewed by a three member committee, comprised of designees from the Department of Health and Human Services, the Commissioner of Labor and Industry and the Governor's Budget Office. All applications approved for payment by the committee will be processed for payment within 10 working days of receipt from the committee by the Centralized Services Division of the Department of Military Affairs. Payments will be mailed to the applicant at the address provided on the DEERS documentation. All payments are subject to the availability of funds. The Department of Military Affairs shall notify the applicant in writing whether the applicant's application has been approved or denied.

SEND APPLICATIONS & SUPPORTING DOCUMENTATION TO:

**DEPARTMENT OF MILITARY AFFAIRS
CENTRALIZED SERVICES DIVISION
PO BOX 4789
FORT HARRISON, MT 59636**