



MDNG EMERGENCY RELIEF FUND APPLICATION

Privacy Act Statement: MDNGERF Form 1-R serves as the primary source of information used to determine an individual's eligibility for financial assistance. Disclosure of the applicant's social security number as well as other information is voluntary; however, failure to provide requested information may result in the MDNGERF committee's inability to determine eligibility for a grant.

SECTION I (To be completed by applicant.)

[Please print. Indicate N/A (Not Applicable) where appropriate.]

A. PERSONAL DATA

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
HOME ADDRESS: \_\_\_\_\_
HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_
NUMBER OF CHILDREN: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_
UNIT: \_\_\_\_\_ UNIT PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
RANK: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_ ETS DATE: \_\_\_\_\_

B. EMPLOYMENT INFORMATION

PLEASE CHECK: [ ] EMPLOYED | [ ] UNEMPLOYED
(Indicate previous employment if currently unemployed.)

EMPLOYER: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
SUPERVISOR: \_\_\_\_\_ UNIT PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
SPOUSE'S EMPLOYER: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

C. MONTHLY FINANCIAL STATEMENT (Attach supporting documents.)

APPLICANT'S MONTHLY INCOME: \$ \_\_\_\_\_ NATIONAL GUARD INCOME: \$ \_\_\_\_\_
SPOUSE'S INCOME: \$ \_\_\_\_\_ OTHER INCOME: \$ \_\_\_\_\_ TOTAL INCOME: \$ \_\_\_\_\_
RENT/MORTGAGE: \$ \_\_\_\_\_ FOOD: \$ \_\_\_\_\_ PHONE: \$ \_\_\_\_\_
ELECTRIC: \$ \_\_\_\_\_ CAR PAYMENT: \$ \_\_\_\_\_ ADDITIONAL CAR EXPENSE: \$ \_\_\_\_\_
CREDIT CARD(S): \$ \_\_\_\_\_ CHILD CARE: \$ \_\_\_\_\_ CHILD SUPPORT: \$ \_\_\_\_\_



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FUEL: \$ \_\_\_\_\_ LOAN(S): \$ \_\_\_\_\_ OTHER: \$ \_\_\_\_\_
TOTAL EXPNESES: \$ \_\_\_\_\_

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_
TOTAL INCOME TOTAL EXPENSES DEBT RATIO (+/-)

SECTION I CONTINUED (Attach supporting documents.)

DESCRIBE WHAT CAUSED YOUR EMERGENCY SITUATION:

Three horizontal lines for describing the emergency situation.

WHY IS EMERGENCY ASSISTANCE BEING REQUESTED? IF APPROVED, FOR WHAT PURPOSE WILL THE MONEY BE UTILIZED (BE SPECIFIC)?

Three horizontal lines for explaining the request and purpose.

AMOUNT REQUESTED: \$ \_\_\_\_\_

THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AND ALL SUPPORTING DOCUMENTS HAVE BEEN ATTACHED. I UNDERSTAND THAT I WILL BE INTERVIEWED FURTHER REGARDING MY REQUEST. I FURTHER UNDERSTAND MY OBLIGATION TO REPAY THE FINANCIAL ASSISTANCE REQUEST TO THE MARYLAND NATIONAL GUARD EMERGENCY RELIEF FUND.

PRINT NAME

SIGNATURE AND DATE SIGNED

SECTION II (To be completed by the applicant's commander.)

1. ETS DATE: \_\_\_\_\_ 2. YEARS OF SERVICE: \_\_\_\_\_ 3. RANK: \_\_\_\_\_

4. WERE THERE ANY AWOLS IN THE PAST 12 MONTHS? \_\_\_\_\_

5. HAS THE CHAIN OF COMMAND VERIFIED THAT A TRUE EMERGENCY EXISTS? \_\_\_\_\_

6. THE APPLICANT MEETS ALL THE ELEGIBILITY CRITERIA AS OUTLINED IN MILITARY DEPARTMENT REGULATION 1-14. \_\_\_\_\_

PRINT NAME (COMMANDER OR DESIGNATED REPRESENTATIVE)

SIGNATURE

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE SIGNED



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**SECTION III (To be completed by MDNGERF Committee Review Board.)**

THE APPLICATION FOR FINANCIAL ASSISTANCE IS:

_____ APPROVED	_____ DISAPPROVED	_____ SIGNATURE AND DATE SIGNED
_____ APPROVED	_____ DISAPPROVED	_____ SIGNATURE AND DATE SIGNED
_____ APPROVED	_____ DISAPPROVED	_____ SIGNATURE AND DATE SIGNED

REVIEW BOARD COMMENTS:

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