

APPLICATION FORMS AND PROCEDURES AS OF APRIL 1, 2014  
**GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.**  
1000 HALSEY AVE., BLDG 447, MARIETTA, GA 30060  
678-569-5704 (tel)  
WEBSITE: [www.georgiaguardsfamily.org](http://www.georgiaguardsfamily.org)

The Georgia National Guard Family Support Foundation, Inc. is a non-profit 501 (c) (3) charitable corporation established in 1994 for the primary purpose of providing financial assistance on an emergency relief basis to soldiers and airmen serving in the Georgia National Guard, federal/state civilian employees of the Georgia Department of Defense and other qualified military members living in the State of Georgia. Although not a military organization, the Foundation is recognized as an official support organization of the Georgia National Guard.

Applications should be verified as an EMERGENCY situation and the UNIT VALIDATION CERTIFICATION MUST BE SIGNED by the Commander or a full-time unit member designated by the Commander; the First Sergeant; the Administrative Officer or the Readiness NCO and be scanned to: [harriet.h.morgan.civ@mail.mil](mailto:harriet.h.morgan.civ@mail.mil)

*Emergency situations include, but are not limited to, payments to avoid eviction or foreclosure, utilities to prevent disconnection, vehicle payments to prevent repossession, temporary pay problems, illness, injury, recent loss of employment, natural disaster or destruction of property by fire, water or other man-made destruction. The fund is not intended for long-term or recurring financial support. Neither is the fund to be used to alleviate situations caused by failure to follow proper routine pay procedures. Eligibility requires that applicant must be MOSQ/AFSC Qualified and assigned to a MTOE/TDA or ANG UNIT and must be receiving UTA or ADOS pay from their assigned unit for a minimum of three consecutive months. (Soldier's or Airmen assigned to an RSP or student flight are not eligible for assistance)*

Two types of requests for EMERGENCY RELIEF ASSISTANCE are available: GRANTS or LOANS

GRANTS are considered when applicants are faced with extreme financial hardship and do not have the ability to repay a Loan. Grants do not have to be repaid.

LOANS are considered when a financial hardship is temporary in nature, such as, a military pay problem or delay. Guard members/employees will be required to sign a non-interest-accruing promissory note with a specified repayment plan. Interest free Loans must be repaid, usually by ACH Debits, from your checking or savings account.

*Please Note:*

*If a LOAN account is insufficient and a payment is returned, a \$25.00 penalty fee will be charged.*

*If a LOAN account is insufficient twice in succession or the account is closed without notification to the FOUNDATION, the ACH Debit process will be stopped and the loan will be called due and payable in full, including the penalty fees.*

In all cases, APPLICANTS are encouraged to contribute to the FOUNDATION when their financial situation improves. In this way, Georgia National Guard Members, their families and other qualified military members living in the State of Georgia can be helped during financial hardship. You can make a tax-free donation at our website: [www.georgiaguardsfamily.org](http://www.georgiaguardsfamily.org); when filing your State of Georgia Tax Return; through the Combined Federal Campaign (CFC # 70602), the State Charitable Contributions Program (SCCP 177000), or simply by mail. All support is recognized and appreciated.

**INSTRUCTIONS:**

- Applicant must complete the application form in its entirety.
- Unit Validation Certification must be completed and signed by the proper chain of command.
- Include copies of actual bills requested to be paid by the Foundation with the completed Application.
- Authorization Agreement for Direct Payments (ACH Debits) must be completed and signed with Bank Depository Name and a VOID CHECK, OR a Bank Statement must be attached with applicant's name, address, routing number for debits, and account number.

CALL 678-569-5704 IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION.

SCAN COMPLETED APPLICATION TO: [harriet.h.morgan.civ@mail.mil](mailto:harriet.h.morgan.civ@mail.mil)

THE GEORGIA NATIONAL GUARD FOUNDATION BOARD REVIEWS APPLICANT'S INFORMATION  
AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.

GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.

**\*\*APPLICATION FOR EMERGENCY RELIEF ASSISTANCE \*\***

678-569-5704 (Tel) or scan to: [harriet.h.morgan.civ@mail.mil](mailto:harriet.h.morgan.civ@mail.mil)

1. \_\_\_\_\_ 2. LAST FOUR OF SSN: \_\_\_\_\_  
(PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME)

3. RANK OR "CIV", if Civilian \_\_\_\_\_ 4. ETS DATE: \_\_\_\_\_ 5. MOS/AFSC QUALIFIED AS: \_\_\_\_\_ (YES/NO) 6. MTOE/TDA/ANG UNIT: \_\_\_\_\_

7. MILITARY STATUS OF GUARD MEMBER: FULL TIME TECHNICIAN: \_\_\_\_\_ ACTIVE GUARD/RESERVE: \_\_\_\_\_ TRADITIONAL: \_\_\_\_\_  
DEPLOYED: \_\_\_\_\_ (CHECK ALL THAT APPLY)

8. STREET ADDRESS: \_\_\_\_\_ CITY, STATE AND ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

9. CONTACT NUMBERS: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

10. EMAIL ADDRESS: \_\_\_\_\_

11. NUMBER OF INDIVIDUALS IN YOUR HOUSEHOLD WHO YOU ARE FINANCIALLY RESPONSIBLE FOR, INCLUDING YOURSELF: \_\_\_\_\_

12. WHAT IS THE TOTAL MONTHLY NET INCOME FOR YOUR HOUSEHOLD: \_\_\_\_\_

13. WHAT IS THE TOTAL MONTHLY DEBT FOR YOUR HOUSEHOLD (ADD ALL THE BILLS YOU MUST PAY EACH MONTH): \$ \_\_\_\_\_

14. EMPLOYER NAME/POC: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ CITY, STATE AND ZIP: \_\_\_\_\_ HOW LONG EMPLOYED: \_\_\_\_\_

15. LIST ONE RELATIVE AND ONE FRIEND (NOT RESIDING WITH YOU) WHO THE COMMITTEE COULD CONTACT, IF NECESSARY:

NAME (RELATIVE) \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

NAME (FRIEND): \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

16. WHAT IS THE NATURE OF YOUR EMERGENCY? (i.e., CAN'T BUY FOOD OR MEDICINES, CAN'T PAY RENT, ETC.) PLEASE EXPLAIN:

17. WHAT CAUSED THIS EMERGENCY: (i.e., Job loss (when?), major medical problems, death in family, etc.) PLEASE EXPLAIN:

18. WHAT HAVE YOU DONE TO SOLVE THE PROBLEM: (contacted Family Assistance Specialist; applied to other agencies; called creditors to modify payments;; applied for credit/loans elsewhere (specify where), asked for assistance from relatives, etc.) PLEASE EXPLAIN:

19. I REQUEST A LOAN IN THE AMOUNT OF \$ \_\_\_\_\_ AND AGREE TO THE PAYMENT TERMS OUTLINED HEREIN; OR,  
I REQUEST A GRANT IN THE AMOUNT OF \$ \_\_\_\_\_ BECAUSE I AM UNABLE TO REPAY A LOAN BASED ON THE INFORMATION PROVIDED.

20. LIST PLANNED USE OF GRANT OR LOAN, IF APPROVED. ATTACH CURRENT COPIES OF ACTUAL BILLS OR STATEMENTS.

PAYEE:	AMOUNT:	DATE DUE:

21. ATTACH SEPARATE SHEET FOR ADDITIONAL INFORMATION OR REMARKS, IF NECESSARY

**UNIT VALIDATION CERTIFICATION**

I, the undersigned, have examined this application for assistance and certify the claim to be valid and the request for emergency financial assistance is necessary and that applicant has exhausted all other resources available for assistance. The applicant is in good standing with the GA National Guard and the proper chain of command has been notified.

CHAIN OF COMMAND PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ UNIT: \_\_\_\_\_

CHAIN OF COMMAND VERIFICATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT INFO: WORK # \_\_\_\_\_ ; OTHER# \_\_\_\_\_ ; EMAIL: \_\_\_\_\_

GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.  
EMERGENCY RELIEF APPLICATION AND PROCEDURES EFFECTIVE APRIL 1, 2014

STATEMENT OF CONFIDENTIALITY:

This application form and the verification and release authorization are the primary sources of information for determining an individual's eligibility for financial assistance. Disclosure of information on these forms, including the applicant's social security number is voluntary. Failure to provide the requested information may mean the Foundation Board will deny assistance because of insufficient information. The Foundation Board will maintain confidentiality regarding the application and assistance, given or denied, except as detailed in the release authorization below:

INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:

1. I authorize verification/release of the information I am providing on this application. This authorization applies to organizations inside or outside of the Georgia National Guard for the purposes of evaluating this application and/or for collection proceedings if a loan is approved and payment is late. I authorize the GA NATIONAL GUARD FOUNDATION access to any pertinent records as necessary to evaluate my application. Please initial: \_\_\_\_\_
2. I will complete the automatic debit form that allows a loan payment to be automatically debited from my checking or savings account. Please initial: \_\_\_\_\_
3. I will immediately contact the Georgia National Guard Family Support Foundation, Inc. if I have difficulty making payments or if I file for bankruptcy. Please initial: \_\_\_\_\_
4. I agree to notify the Foundation immediately of any change of address, phone number, or banking relationship during the repayment period of my Loan Agreement. Please initial: \_\_\_\_\_
5. I understand that if a Loan account is insufficient and a payment is returned, a \$ 25.00 penalty fee will be charged. I further understand that if a Loan account is insufficient twice or the account is closed, the ACH Debit process will be stopped and the loan will be due and payable in full, including any applicable penalty fees. Please initial: \_\_\_\_\_
6. I understand that that Board will contact my unit commander if any loan payment is past due, and that the Foundation Board will initiate action to garnish my National Guard pay, if necessary, to insure repayment of a loan. Please initial: \_\_\_\_\_
7. The information I have provided on this Application Form is true and correct to the best of my knowledge. Please initial: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY NAME: GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.

*I, hereby authorize the GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC, hereinafter called FOUNDATION, to initiate debit entries to my Checking Account or Savings Account as indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law.*

BANK DEPOSITORY NAME: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_ SAVINGS: \_\_\_\_\_ CHECKING: \_\_\_\_\_

This authorization is to remain in full force and effect until FOUNDATION has received written notification from me of its termination in such time and in such manner as to afford FOUNDATION and DEPOSITORY a reasonable opportunity to act on it.

PRINT YOUR FULL NAME: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

**A 'VOID' CHECK OR A COPY OF A VOID CHECK, PRE-PRINTED WITH YOUR NAME AND ACCOUNT INFORMATION MUST BE ATTACHED FOR ACCOUNT VERIFICATION PURPOSES. IF YOU DO NOT HAVE A CHECKING ACCOUNT, YOU MUST SUBMIT A STATEMENT FROM YOUR DEPOSITORY BANK VERIFYING YOUR ACCOUNT INFORMATION.**