



Helping those who Serve

The Michigan National Guard Family Fund Application Form

The Michigan National Guard Family Fund was created to assist Air and Army National Guard Service Members and Families who experience sudden and unexpected financial difficulties with temporary financial assistance.

Who is eligible to apply?

- Any currently serving member of the Michigan Air or Army National Guard who has completed Basic Training. Family Members may apply in the absence of a Service Member on military duty.
- Any applicant who has **not** received assistance from this fund in the last 24 calendar months, or twice within the last five years.

What bills are authorized for assistance?

- Including but not limited to: mortgage or rent for one household, utilities, one car payment, car repair, insurance and medical bills. Every case is different and will be reviewed as such. There is a \$500.00 limit per application.

What bills are NOT authorized for assistance?

- Those considered luxury items, to include but not limited to: tuition, student loans, court costs, Secretary of State payments, child support, alimony, secondary vehicle, the purchase of a vehicle, secondary housing payments, tax payments, food, gas, credit cards, cell phone bill, or other non-emergency type payments.

Applying for assistance:

A. Applicant completes the application form. There **MUST** be a verifying signature from a Family Assistance Specialist, Airmen and Family Readiness Programs Manager, or Family Program Office representative. **Assistance is not guaranteed and, if approved, it can take up to 30 days to receive payments.**

**Applicant Name
(Last, First, MI)**

The Michigan National Guard Family Fund Application Form

B. The following documentation is required to complete the packet for Board review. **All documentation must be current within the last 30 calendar days.**

- Completed application validated with signature of Family Programs Specialist (FPS) or Airmen and Family Readiness Program Manager (AFRPM) personnel. Any missing information will cause a delay in processing.
- Summary Letter written by the FPS / AFRPM stating exactly what is being requested and amounts.
- Detailed letter of specific request of assistance from the Service Member stating the circumstances of the financial difficulty and specifying which bills they are requesting assistance for.

****If any repairs are the reason for the request, then include 2 estimates along with whether or not the repair work has begun.***

- Most current orders, ADOS / MOB / Initial Entry Training, or any previous orders.
- Copies of all current household bills to include those not seeking assistance with (for the home of record of the applicant, and in the name of a current household member).
- Copies of notice of eviction, utility shutoff, repossession, etc.
- Copies of last two pay stubs and LES's from all adult individuals living within the residence.
- Any resources which have been provided to applicant by the FAS / AFRPM.

C. All packets will be submitted thru the local Family Programs Specialist or Airmen and Family Readiness Program Manager regional representative.

*****This application will NOT be accepted without validation from your local FPS/ AFRPM. If you do not know your local FPS / AFRPM, please contact the Family Programs Office:
(517) 481-9893***

New Form Updated: February 2020

ALL PREVIOUS FORMS ARE OBSOLETE

Applicant Name

(Last, First, MI)

I understand the requirements for eligibility for the Family Fund, and I understand all the required documents that need to be submitted

Applicant's Initials

The Michigan National Guard Family Fund Application Form

Name (Last, First, MI)

Social Security Number

Street Address

City

State

Zip Code

Phone Number
(Area Code Included)

Email Address

Gender

Unit

Have you received assistance
from the Family Fund before?

If "yes", when and how much?

Marital Status

Number of people in household

The Michigan National Guard Family Fund Application Form

List ONLY the bills you are requesting assistance with: (please explain in detailed letter)

Payee 1

Street Address

City

State

Zip Code (9-digit)

10-Digit Phone Bill

Category

Amount

Due Date

Account Number*

*If no account number exists for rent, use renter's address

*Account Number must be provided

OPTIONAL Payee 2

Street Address

City

State

Zip Code (9-digit)

10-Digit Phone

Bill Category

Amount

Due Date

Account Number*

*Account Number must be provided

Applicant Name
(Last, First, MI)

Every category must be filled out in order for payments to be processed.
Any Payee with incomplete information will not be paid, regardless of award status.

The Michigan National Guard Family Fund Application

OPTIONAL PAGE

OPTIONAL Payee 3

Street Address

City

State

Zip Code (9-digit)

10-Digit Phone

Bill Category

Amount

Due Date

Account Number*

*Account Number must be provided

OPTIONAL Payee 4

Street Address

City

State

Zip Code (9-digit)

10-Digit Phone

Bill Category

Amount

Due Date

Account Number*

*Account Number must be provided

Applicant Name
(Last, First, MI)

Every category must be filled out in order for payments to be processed.
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The Michigan National Guard Family Fund Application

OPTIONAL PAGE

OPTIONAL Payee 5

Street Address

City

State

Zip Code (9-digit)

10-Digit Phone

Bill Category

Amount

Due Date

Account Number*

*Account Number must be provided

OPTIONAL Payee 6

Street Address

City

State

Zip Code (9-digit)

10-Digit Phone

Bill Category

Amount

Due Date

Account Number*

*Account Number must be provided

Applicant Name
(Last, First, MI)

Every category must be filled out in order for payments to be processed.
Any Payee with incomplete information will not be paid, regardless of award status.

Michigan National Guard Family Fund Application

Applicant Summary Letter

Please explain your situation:

Applicant Name
(Last, First, MI)

The Michigan National Guard Family Fund Application Form

Please keep paperwork in order of checklist (missing documents delay Board review)

**Completed
Application Form
(At least 6 pages)**

Administrative Confirmation

**Summary Letter
from Applicant**

Administrative Confirmation

**Summary Letter
from FAS/AFRPM**

Administrative Confirmation

**1 Copy of Most
Current Orders**

Administrative Confirmation

**Copies of ALL
Household Bills**

Administrative Confirmation

**2 Most Current
LESs AND Pay Stubs**

Administrative Confirmation

**Have additional
resources been
provided to
applicant?**

Administrative Confirmation

**FAS/AFRPM Name/
Signature**

I attest that this information is complete, true, and correct to the best of my knowledge, and that I am not intentionally giving incorrect or misleading information.

Applicant Signature

Applicant Name