



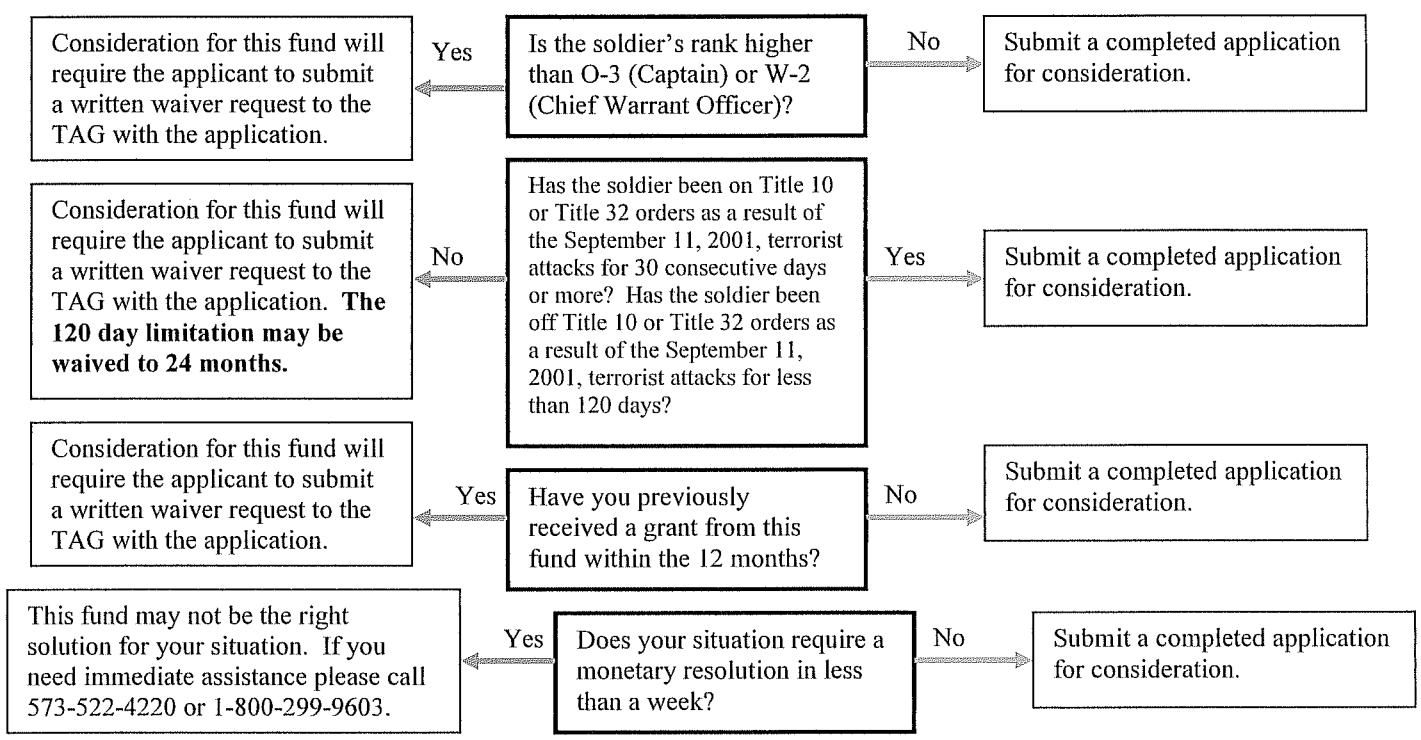
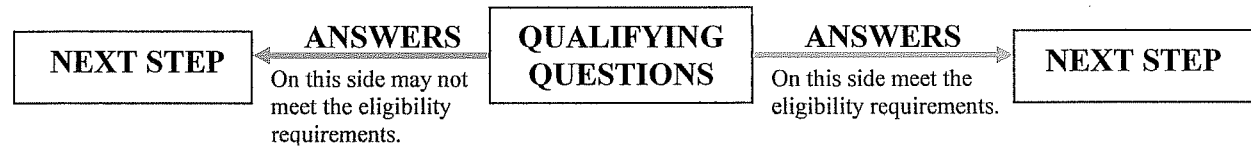
# Missouri Military Family Relief Fund

Application Information Sheet



**Potential applicants should use the below information to determine eligibility and answer program questions.**

- Incomplete applications will be returned to the applicant without consideration.
- Grant applications from those not meeting eligibility requirements will be denied. A letter explaining the denial, as well as providing additional sources of available relief, will be sent to the applicant within 30 days after receipt.
- Additional information regarding this fund can be found at <http://www.mmfrf.mo.gov/>
- Any questions can be addressed by calling 573-638-9827 or by e-mailing [MilitaryRelief@mo.ngb.army.mil](mailto:MilitaryRelief@mo.ngb.army.mil).
- The Missouri Military Family Relief Fund does not provide assistance for any of the following items:
  - Nonessentials
  - To finance leave or vacation
  - Pay fines or legal expenses
  - Help liquidate or consolidate debt
  - Assist with house purchase or home improvements
  - Cover bad checks or pay credit card bills
- Use the qualifying questions flow charts below to assist you in determining your eligibility for this fund.





**Missouri Military Family Relief Fund**  
 Application for Financial Assistance - Please Print or Type  
 All Items Must Be Completed



**MILITARY MEMBER'S INFORMATION**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ AGR:  YES  NO  
 BRANCH: \_\_\_\_\_ RANK/PAY GRADE: \_\_\_\_\_ SSN: \_\_\_\_\_  
 NUMBER OF DEPENDENTS (excluding military member): \_\_\_\_\_  
 HOME STATION UNIT OF ASSIGNMENT: \_\_\_\_\_  
 (Where you would normally drill when not on active duty.)  
 EMAIL ADDRESS: \_\_\_\_\_

**APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  
 RELATIONSHIP TO MILITARY MEMBER: \_\_\_\_\_  
 POWER OF ATTORNEY:  YES  NO (Please provide copy)

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

NAME: \_\_\_\_\_  
 POSITION/TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**QUALITY OF LIFE AND MEDICAL BASED GRANT REQUIREMENTS - UP TO \$1,000**

- Rank must be no higher than O-3 or W-2.
- Service member must submit their DD214 if applicable
- Service member must submit their deployment/mobilization orders
- Service member must have been deployed for 30 consecutive days or more.
- If no longer depolyed, the service member has been off deployment for less than 120 days, **may be waived to 24 months.**
- Leave and Earning Statements submitted **MUST** be within the period of service on the activation orders.
- Completed application must be signed.
- Must submit proof of expenses or bills
- This grant will only pay the amount of bills attached to this appliaction up to the amount of \$1,000

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

If you need assistance completing this application please call 573-638-9827 or e-mail the Missouri Military Family Relief Fund at [MilitaryRelief@mo.ngb.army.mil](mailto:MilitaryRelief@mo.ngb.army.mil)



**Missouri Military Family Relief Fund**  
Application for Financial Assistance Continued

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ (Print Name), hereby authorize and consent to the release/verification of financial and military information from any entity to the Missouri Military Family Relief Fund and its agents for its use in connection with my request for financial assistance.

I understand this consent and release for information is voluntary and that all information obtained will be used only for determining eligibility for, and administration of, financial assistance. I also understand failure to provide this consent and release may result in disapproval of my application for assistance.

**INFORMATION CERTIFICATION/APPLICANT UNDERSTANDING**

I certify the information in this application to be true and correct.

I further certify that the grant funds provided will be used for the purpose described in this application.

I hereby understand that my submission of this application does not guarantee grant approval.

I further understand that it is my responsibility to maintain my financial obligations prior to and after the disposition of this application is complete.

**\* Ensure that you complete and return the State of Missouri Vendor Input Form. Your application, if approved, cannot be processed for payment without this form. Complete only the blocks indicated on the sample form.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Mail To:**

Missouri Military Family Relief Fund  
JFMO-J1/DPP-F  
2302 Militia Drive  
Jefferson City, MO 65101-1203



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
**VENDOR INPUT**

PRINT OR TYPE

- New Vendor - Complete sections A and C  
 Vendor Change - Complete sections A, B and C

**SECTION A: VENDOR INFORMATION – TO BE COMPLETED BY THE VENDOR (SEE SECTION A INSTRUCTIONS)**

1. NAME AS SHOWN ON YOUR TAX RETURN Jane Doe (applicants name)	
2. BUSINESS NAME, IF DIFFERENT FROM ABOVE	
3. BUSINESS ADDRESS (NUMBER, STREET AND APT. OR SUITE NUMBER) 1234 Any Street	4. P.O. BOX NUMBER
5. CITY, STATE AND ZIP CODE Any City, MO 65101	6. TELEPHONE NUMBER (573) 555-8888
7. PAYMENT ADDRESS, IF DIFFERENT FROM ABOVE	

**TAX IDENTIFICATION NUMBER (TIN) AND TAX FILING STATUS, AS SHOWN ON YOUR TAX RETURN**

Enter your TIN in the appropriate box. The TIN provided must match IRS records for the name given on Line 1 above. For Individuals and Sole Proprietors not using a Federal Employer Identification Number (FEIN), this is your Social Security Number (SSN). For other businesses, this is your FEIN.

8. SOCIAL SECURITY NUMBER 123 - 45 - 6789	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietor or single-owner LLC	<input type="checkbox"/> Missouri State Employee
9. FEDERAL EMPLOYER IDENTIFICATION NUMBER	<input type="checkbox"/> Sole Proprietorship or single-owner LLC	<input type="checkbox"/> Trust or Estate	<input type="checkbox"/> Corporation or LLC electing Corporate status
	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership or multi-member LLC	<input type="checkbox"/> State or Local Government
	<input type="checkbox"/> Public entity (such as public school, college or university)	<input type="checkbox"/> Federal Government/Military	
	<input type="checkbox"/> Association, Club, Religious, Charitable, Educational or other tax-exempt organization (include IRS Federal tax exemption)		

**SECTION B: PREVIOUS VENDOR INFORMATION (SEE SECTION B INSTRUCTIONS)**

10. REASON FOR CHANGE (OWNERSHIP CHANGE, BUSINESS RESTRUCTURE, BUSINESS RELOCATION, ETC.)	11. DATE OF CHANGE
12. PREVIOUS BUSINESS NAME	
13. PREVIOUS BUSINESS ADDRESS	
14. PREVIOUS PAYMENT ADDRESS, IF DIFFERENT FROM BUSINESS ADDRESS	
15. PREVIOUS TAX ID NUMBER	
COMMENTS	

**SECTION C: CONTACT INFORMATION – LIST THE NAME OF SOMEONE AT YOUR BUSINESS WHO CAN ANSWER OUR QUESTIONS**

PRINTED NAME Jane Doe	TITLE Applicant
E-MAIL ADDRESS jane.doe@us.army.mil	TELEPHONE NUMBER (573) 555-8888

**CERTIFICATION FOR STATE OF MISSOURI – I certify that the above information is accurate and complete, according to the Vendor Input form instructions.**

SIGNATURE <i>* Be sure to sign your form</i>	DATE
PRINTED NAME Jane Doe	TITLE Applicant

**CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)**  Exempt from Backup Withholding

Under penalties of perjury, I certify that:  
I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and  
II. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and  
III. I am a U.S. person (including a U.S. resident alien)  
**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE <i>* Be sure to sign your form</i>	DATE
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**SAMPLE FORM**



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
**VENDOR INPUT**

PRINT OR TYPE

- New Vendor - Complete sections A and C  
 Vendor Change - Complete sections A, B and C

**SECTION A: VENDOR INFORMATION – TO BE COMPLETED BY THE VENDOR (SEE SECTION A INSTRUCTIONS)**

1. NAME AS SHOWN ON YOUR TAX RETURN	
2. BUSINESS NAME, IF DIFFERENT FROM ABOVE	
3. BUSINESS ADDRESS (NUMBER, STREET AND APT. OR SUITE NUMBER)	4. P.O. BOX NUMBER
5. CITY, STATE AND ZIP CODE	6. TELEPHONE NUMBER
7. PAYMENT ADDRESS, IF DIFFERENT FROM ABOVE	

**TAX IDENTIFICATION NUMBER (TIN) AND TAX FILING STATUS, AS SHOWN ON YOUR TAX RETURN**

Enter your TIN in the appropriate box. The TIN provided must match IRS records for the name given on Line 1 above. For Individuals and Sole Proprietors not using a Federal Employer Identification Number (FEIN), this is your Social Security Number (SSN). For other businesses, this is your FEIN.

8. SOCIAL SECURITY NUMBER	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietor or single-owner LLC	<input type="checkbox"/> Missouri State Employee
9. FEDERAL EMPLOYER IDENTIFICATION NUMBER			
<input type="checkbox"/> Sole Proprietorship or single-owner LLC	<input type="checkbox"/> Trust or Estate	<input type="checkbox"/> Corporation or LLC electing Corporate status	
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership or multi-member LLC	<input type="checkbox"/> State or Local Government	
<input type="checkbox"/> Public entity (such as public school, college or university)		<input type="checkbox"/> Federal Government/Military	
<input type="checkbox"/> Association, Club, Religious, Charitable, Educational or other tax-exempt organization (include IRS Federal tax exemption)			

**SECTION B: PREVIOUS VENDOR INFORMATION (SEE SECTION B INSTRUCTIONS)**

10. REASON FOR CHANGE (OWNERSHIP CHANGE, BUSINESS RESTRUCTURE, BUSINESS RELOCATION, ETC.)	11. DATE OF CHANGE
12. PREVIOUS BUSINESS NAME	
13. PREVIOUS BUSINESS ADDRESS	
14. PREVIOUS PAYMENT ADDRESS, IF DIFFERENT FROM BUSINESS ADDRESS	
15. PREVIOUS TAX ID NUMBER	
COMMENTS	

**SECTION C: CONTACT INFORMATION – LIST THE NAME OF SOMEONE AT YOUR BUSINESS WHO CAN ANSWER OUR QUESTIONS**

PRINTED NAME	TITLE
E-MAIL ADDRESS	TELEPHONE NUMBER

**CERTIFICATION FOR STATE OF MISSOURI** – I certify that the above information is accurate and complete, according to the Vendor Input form instructions.

SIGNATURE	DATE
PRINTED NAME	TITLE

**CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)**  Exempt from Backup Withholding

Under penalties of perjury, I certify that:

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III. I am a U.S. person (including a U.S. resident alien)

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE	DATE
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