



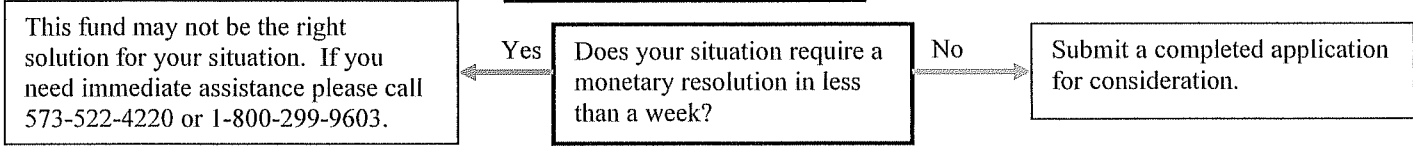
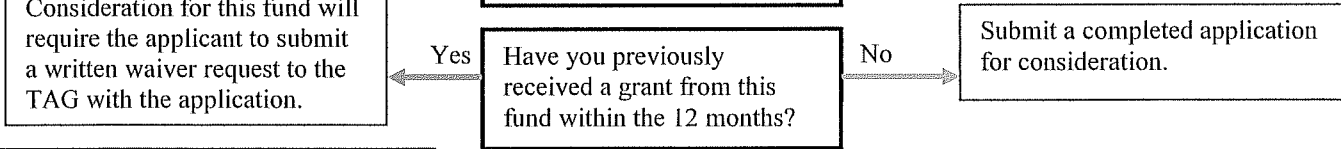
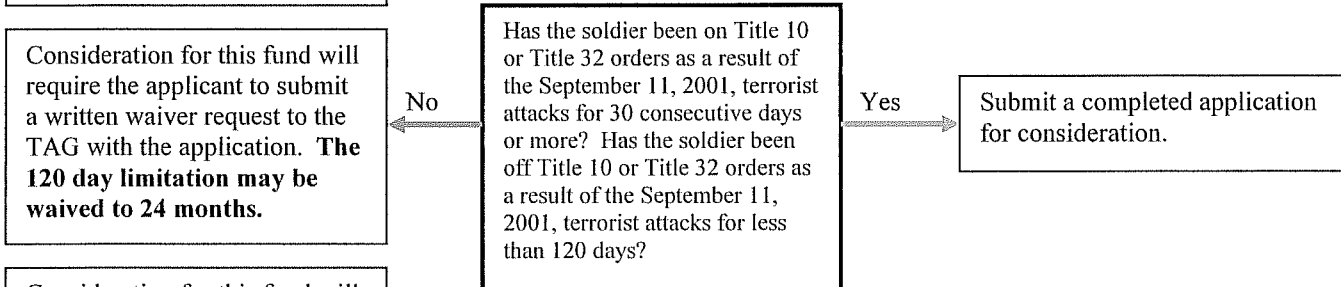
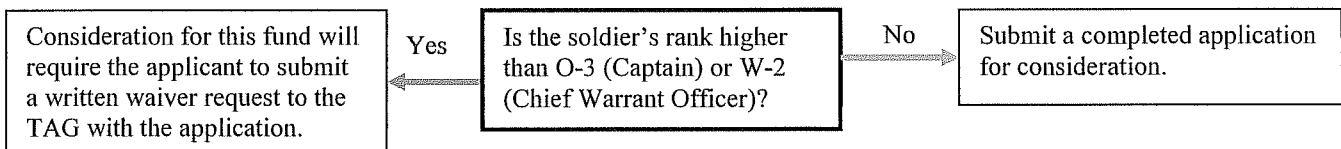
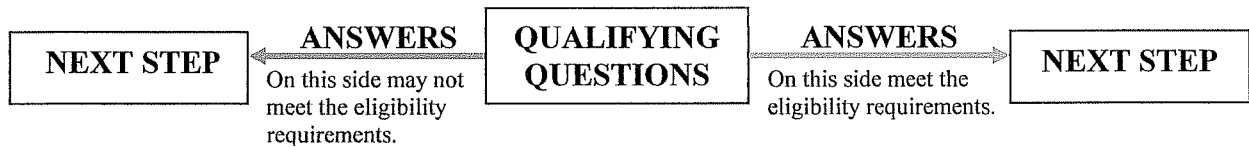
Missouri Military Family Relief Fund

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.
- 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 deployed, 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

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

CHANGE OF ADDRESS CHANGE IN BUSINESS NAME* CHANGE IN TAXPAYER ID*

PRINT OR TYPE

SECTION A: VENDOR INFORMATION (COMPLETED BY VENDOR) SEE SECTION A & GENERAL INSTRUCTIONS

NAME Jane Doe (Must be applicants name)			
CURRENT ADDRESS FIELD 1 (ROOM, APT., SUITE NO., STREET NAME/NO., ETC.) 1234 Any Street		CURRENT ADDRESS FIELD 2 (PO BOX NO.)	
CURRENT CITY Any City	CURRENT STATE MO	CURRENT ZIP CODE 65101	
PREVIOUS ADDRESS FIELD 1 (ROOM, APT., SUITE NO., STREET NAME/NO., ETC.)		PREVIOUS ADDRESS FIELD 2 (PO BOX NO.)	
PREVIOUS CITY		PREVIOUS STATE	PREVIOUS ZIP CODE
VENDOR CONTACT NAME Jane Doe	VENDOR CONTACT E-MAIL ADDRESS jane.doe@us.army.mil	VENDOR CONTACT TELEPHONE NUMBER (573) 123-4567	
LEGAL NAME OF ENTITY OR INDIVIDUAL (ENTITY NAME FILED WITH IRS FOR TIN) First Middle Last (Full legal name of applicant)			
1099 ADDRESS	CITY	STATE	ZIP CODE
TAXPAYER ID NUMBER (TIN) 123-45-6789	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN		EXEMPT FROM BACKUP WITHHOLDING <input type="checkbox"/>
VENDOR TYPE (CHECK OR X ONE OF THE BOXES IN FRONT OF THE APPLICABLE VENDOR TYPE)			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT	<input type="checkbox"/> STATE/LOCAL GOVERNMENT
<input type="checkbox"/> STATE EMPLOYEE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> OTHER: _____ <small>(ENTER VENDOR TYPE: I.E., CHURCH)</small>
*COMMENTS			

CERTIFICATION FOR STATE OF MISSOURI

I certify that the above information is accurate and complete in accordance with the Vendor Input Form Instructions.

SIGNATURE <i>BE SURE TO SIGN YOUR FORM</i>		
NAME (PRINT OR TYPE) Jane Doe	TITLE Applicant	DATE

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

Under penalties of perjury, I certify that:

- 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**
- 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**
- 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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SECTION B: STATE OF MISSOURI

ACTION TYPE (CHECK ONE) <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	VENDOR CODE/NUMBER	VENDOR TYPE
STATE AGENCY CONTACT NAME (PLEASE PRINT OR TYPE)		STATE AGENCY CONTACT TELEPHONE NUMBER (INCLUDE AREA CODE) ()
STATE AGENCY CONTACT E-MAIL ADDRESS		
ADDITIONAL INFORMATION		
SIGNATURE	NAME (PRINT OR TYPE)	DATE

SAMPLE FORM



STATE OF MISSOURI
OFFICE OF ADMINISTRATION

VENDOR INPUT

CHANGE OF ADDRESS CHANGE IN BUSINESS NAME* CHANGE IN TAXPAYER ID*

PRINT OR TYPE

SECTION A: VENDOR INFORMATION (COMPLETED BY VENDOR) SEE SECTION A & GENERAL INSTRUCTIONS

NAME			
CURRENT ADDRESS FIELD 1 (ROOM, APT., SUITE NO., STREET NAME/NO., ETC.)		CURRENT ADDRESS FIELD 2 (PO BOX NO.)	
CURRENT CITY		CURRENT STATE	CURRENT ZIP CODE
PREVIOUS ADDRESS FIELD 1 (ROOM, APT., SUITE NO., STREET NAME/NO., ETC.)		PREVIOUS ADDRESS FIELD 2 (PO BOX NO.)	
PREVIOUS CITY		PREVIOUS STATE	PREVIOUS ZIP CODE
VENDOR CONTACT NAME	VENDOR CONTACT E-MAIL ADDRESS	VENDOR CONTACT TELEPHONE NUMBER	
LEGAL NAME OF ENTITY OR INDIVIDUAL (ENTITY NAME FILED WITH IRS FOR TIN)			
1099 ADDRESS		CITY	STATE ZIP CODE
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN	EXEMPT FROM BACKUP WITHHOLDING <input type="checkbox"/>	
VENDOR TYPE (CHECK OR X ONE OF THE BOXES IN FRONT OF THE APPLICABLE VENDOR TYPE)			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT	<input type="checkbox"/> STATE/LOCAL GOVERNMENT
<input type="checkbox"/> STATE EMPLOYEE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> OTHER: _____
*COMMENTS			(ENTER VENDOR TYPE: I.E., CHURCH)

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I certify that the above information is accurate and complete in accordance with the Vendor Input Form Instructions.

SIGNATURE		
NAME (PRINT OR TYPE)	TITLE	DATE

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SIGNATURE	DATE
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SECTION B: STATE OF MISSOURI

ACTION TYPE (CHECK ONE) <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE		VENDOR CODE/NUMBER	VENDOR TYPE
STATE AGENCY CONTACT NAME (PLEASE PRINT OR TYPE)		STATE AGENCY CONTACT TELEPHONE NUMBER (INCLUDE AREA CODE) ()	
STATE AGENCY CONTACT E-MAIL ADDRESS			
ADDITIONAL INFORMATION			
SIGNATURE	NAME (PRINT OR TYPE)	DATE	