

APPLICATION FORMS AND PROCEDURES AS OF FEBRUARY 1, 2009  
**GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.**

5019 GA HIGHWAY 42, ELLENWOOD, GA 30294-3438  
678-569-5704 or 678-569-5702 or 678-569-5762 (fax)  
WEBSITE: [www.georgiaguardfamily.org](http://www.georgiaguardfamily.org)

The Georgia National Guard Family Support Foundation, Inc. is a non-profit 501 (c) (3) charitable organization established in 1994 for the sole purpose of providing assistance on an emergency relief basis to the members and families of the Georgia National Guard, our State's reservists and qualified active duty service members living in the State of Georgia.

Applications should be verified as an EMERGENCY situation and the UNIT VALIDATION CERTIFICATION 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 faxed to the FOUNDATION at 678-569-5762 or scanned to: [harriet.morgan@us.army.mil](mailto:harriet.morgan@us.army.mil)

*Emergency situations include, but are not limited to, 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 an MTOE/TDA or ANG UNIT (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:**

Requests for Grants can exceed \$500.00 based on circumstances, but are not routinely approved. GRANTS do NOT have to be repaid.

**LOANS:**

Requests for Loans can exceed \$ 500.00 based on circumstances, but are not routinely approved. LOANS are offered on an interest-free basis and 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 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, other Guard Members and their families, our State's reservists and other qualified active duty service members living in the State of Georgia can be helped during their time of need. You can make a contribution on our website, from your State of Georgia Tax Return, through the Combined Federal Campaign or simply mail a donation to our address.

**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 or 5702 IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION.

FAX COMPLETED APPLICATION TO: 678-569-5762 or SCAN TO: [harriet.morgan@us.army.mil](mailto:harriet.morgan@us.army.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 or 678-569-5702 (Tel) or 678-569-5762 (Fax)*1. \_\_\_\_\_ 2. SSN: \_\_\_\_\_  
(PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME)

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

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

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

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., LOST JOB, MAJOR MEDICAL PROBLEMS, DEATH IN FAMILY, ETC.) PLEASE EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_18. WHAT HAVE YOU DONE TO SOLVE THE PROBLEM: (i.e., used AER or AFAS if you are on active duty, called creditors to arrange payment schedule, sought credit 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: \_\_\_\_\_

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. I also verify that the proper chain of command has been notified.

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

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

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

GEORGIA NATIONAL GUARD FAMILY SUPPORT FOUNDATION, INC.  
EMERGENCY RELIEF APPLICATION AND PROCEDURES EFFECTIVE AUGUST 26, 2008

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 BOARD 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 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 more than 60 days 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: \_\_\_\_\_

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: GEORGIA GUARD CREDIT UNION COMPANY ID NUMBER: 061092015  
*I (we), hereby authorize the GEORGIA GUARD CREDIT UNION, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account or Savings Account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) 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 COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.  
YOUR NAME(s) PRINT: \_\_\_\_\_  
YOUR SIGNATURE(s): \_\_\_\_\_ DATE: \_\_\_\_\_

**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.**