



Pennsylvania Military Family Relief Program Application

Print Form

Please mail, or fax this form (and substantiating documents) to:

FAX: 717-861-2389

State Family Program Office, Bldg 7-3, ATTN: MFRAP, FTIG, Annville, PA 17003-5002

Name of Applicant: Rank / Grade Email

Street Address County

City, State, Zip Social Security. # of Applicant Privacy Act Statement See Page 2

Home Phone Work Phone Cell / Other

Branch of Service Unit of Assignment / Duty Location

If applicant is not a Service Member, what is the relationship of the applicant to the Service Member?

Number of Children in Household Ages Special Needs?

I am requesting the following assistance. Please specify the exact amount(s) of each and the category it pertains to.

Food	<input type="text"/>	Medical Services	<input type="text"/>	Emergency Travel	<input type="text"/>
Housing	<input type="text"/>	Medical Prescriptions	<input type="text"/>	Other (Please Specify)	
Child Care	<input type="text"/>	Insurance (Specify Type)	<input type="text"/>	<input type="text"/>	
Utilities	<input type="text"/>	Vehicle Payment	<input type="text"/>		

Service Member's employer, job title and salary prior to active service.

I have done the following to attempt to remedy the situation: (i.e., called creditor to arrange payment schedule, requested assistance from family)

The following documents are attached for eligibility criteria (as applicable or requested) Please check the boxes that apply.

Copy of Current Military ID Card Proof of Residency (State Taxes or Drivers Lic.) Repair or other estimate of cost for funds

Copy of Orders Copies of Leave and Earning Statement (LES) Other (Specify)

I authorize access to all systems of records containing personal information for verification purposes. If eligible, funds will be used as indicated above.

Signature Date YY/MM/DD



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APPLICANT'S BUDGET INFORMATION

MONTHLY HOUSEHOLD INCOME:

Net Military Pay

Net Pay of Spouse

Disability / Retirement

Other

(e.g. Child Support / Unemployment)

CHECKING & SAVINGS ACCOUNTS:

Financial Institution - Checking Balance

Financial Institution - Savings Balance

BANKRUPTCY INFORMATION

In the Process of Filing? Yes No In Last 6 Months? Yes No

Currently Paying On Yes No Past/Present bankruptcy will not necessarily disqualify you for assistance

RENT OR OWN

RENTAL INFORMATION

MORTGAGE INFORMATION

Mortgage Holder

Mortgage Balance Due Monthly Payment

Leins or 2nd Mortgage

2nd Mortgage Balance Monthly Payment

Rental Name or Owner

Contact Phone Number

Monthly Payment

PERSONAL FINANCES: (Use 8.5 x 11 paper if additional pages are needed)

Name of Creditor	<input type="text"/>	Balance	<input type="text"/>	Monthly Payment	<input type="text"/>	Item	<input type="text"/>
Name of Creditor	<input type="text"/>	Balance	<input type="text"/>	Monthly Payment	<input type="text"/>	Item	<input type="text"/>
Name of Creditor	<input type="text"/>	Balance	<input type="text"/>	Monthly Payment	<input type="text"/>	Item	<input type="text"/>

MONTHLY HOUSEHOLD EXPENSES:

Rent / Mortgage	<input type="text"/>	Utilities	<input type="text"/>	Phone (Basic)	<input type="text"/>	Food	<input type="text"/>
Clothing Laundry	<input type="text"/>	Child Care	<input type="text"/>	Car Insurance	<input type="text"/>	Other	<input type="text"/>
Transportation	<input type="text"/>	Credit Cards	<input type="text"/>	Car Payment	<input type="text"/>	Total Expenses	<input type="text"/>

PLEASE READ AND SIGN:

RELEASE OF INFORMATION: I give MFRAP authorization to check my credit record and to receive, and exchange information about my credit history. I further authorize my payroll office/finance center to release information pertaining to my leave and earnings statement and work status, and authorize MFRAP to receive information from my supervisor as deemed necessary. By signing below I certify I have fully and truthfully completed this application.

Printed Name

Signature

Date YY/MM/DD



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Additional Information:

Have you ever applied for MFRAP before? Yes No

If so, when? (Provide date) _____

Was the Service Member a resident of Pennsylvania when entering Military Service? Yes No

This situation has occurred due to the following events, reasons, or circumstances. You may be required to submit budget/ financial statements to substantiate your claim. (Use the space provided to construct a very detailed narrative. If unable to write legibly, type and attach page to application.)

Please describe how military service caused your need for assistance. (Be very clear with your answer)

Signature

Date YY/MM/DD

Information Verification and Release Authorization

I authorize verification / release of the information I am providing on this application for the purpose of evaluating this application. I authorize the Department of Military and Veterans Affairs and Pennsylvania Military Relief Assistance Program access to any pertinent records as necessary to evaluate my application.

Initials

I hereby certify under penalty of law that the information I have provided on this application, and accompanying documentation, is true and correct to the best of my knowledge, information and belief. Under 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities), it is a serious crime to provide false information in connection with this application.

Signature

Date YY/MM/DD

Privacy Act Statement: Authority: 51 Pa. C.S § 7319.

Principal Purpose: This application form is the primary source of information for determining an individual's eligibility for financial assistance under the Military Family Relief Assistance Program. **Routing Use:** The information you provide will be used to review and evaluate your application for Military Family Relief Assistance. The information may be provided to other state and federal agencies and non-governmental organizations in connection with review of your application. **Voluntary Disclosure:** Disclosure of information on these forms, including the applicant's (eligible service member's) Social Security Number, is voluntary. However, failure to provide the requested information may mean the Pennsylvania Military Relief Assistance Program will be unable to evaluate the application, verify the information provided, or award assistance because of incomplete information.

COMMANDING OFFICER / SENIOR NONCOMMISSIONED OFFICER IN CHARGE

Rank / Name

Phone

Position / Title

Email Address

I have reviewed this request and recommend:

Approval

Disapproval

My recommendation is based on the following:

Signature

Date YY/MM/DD

For MFRAP Use Only:

DATE RECEIVED (YYMMDD)

CONTROL NUMBER (YYMMNNNN)

MFRAP Coordinator Action:

Approved

Date YY/MM/DD

Amount

Check Number

Denied

Date YY/MM/DD

Justification

Forwarded to Committee

Date YY/MM/DD

Fund Committee Action:

Approved

Date YY/MM/DD

Amount

Check Number

Denied

Date YY/MM/DD

Justification

Forwarded to Committee

Date YY/MM/DD