

## New Jersey National Guard State Family Readiness Council Family Grant Application

*Not Affiliated with the Department of Military and Veteran Affairs or any other State of New Jersey Government Agency*

Please complete this form in its entirety. The information will be used to determine your eligibility for a Family Grant

**1. Name of Applicant:**

**2. E-Mail Address:**

**3. Mailing Address:**

**4. Home Telephone:**

**5. Work Telephone:**

**6. Cell/Other:**

**7. Rank / Name of Military Member:**

**8. Unit:**

**9. Dates of Deployment:**

**From:**

**To:**

**10. Household Income Annualized:**

**Pre-Deployment:**

**Current:**

**11. Number of children in the household:**

**12. Their ages:**

**13. Others in household (Specify)**

**14. Attach a statement explaining (a) the circumstances that created your current financial need; (b) the specifics of the type of assistance you are requesting, for example, but not limited to, assistance in paying for any of the following types of services, housing or emergency housing repairs, automobile repairs, utility services, and medical services; (c) the specifics of any steps you have taken to remedy your situation and the result of those efforts, e.g., contacting creditors to negotiate a payment schedule within your means or drawn on and/or depleted savings; and (d) the specifics of any applications you have made for assistance from other organizations including the result of those efforts.**

**15. In addition to the statement required above the following items are attached and included as a part of this application. Items noted with an asterisk (\*) are required.**

**Most Recent Leave and Earnings Statement (DFAS Form 702)\***

**Eviction Notice**

**Deployment Orders and/or Discharge Papers (DD Form 214)\***

**Repair Cost Estimate(s)**

**Current Overdue Bills (Copies Only)**

**Other (Specify)**

**16. I, the undersigned, hereby authorize the New Jersey State Family Readiness Council and/or its representative(s) to request and/or release any information, which in their judgment, is needed to clarify information contained in this application and to secure assistance on my behalf. I also release the New Jersey Family Readiness Council and/or its representative(s) from any liability as they seek to assist me. I also certify that all information contained in this application is true, correct, and complete to the best of my knowledge.**

**Applicant's Signature:**

**Date:**

**17. Name of reviewing Family Assistance Center Coordinator:**

**Coordinator's Signature:**

**Date:**

**18. Finance Committee Action**

**Grant Approved In The Amount Of:**

**Grant Not Approved**

**Date:**