Checklist for Applicant

MFFA applications are submitted to the Department of Military Affairs through the Service Member Support Division. Contact a Soldier & Family Readiness Specialist at 1-800-292-9464 opt 1 to submit your packet.

The items on this checklist are used to document a financial need and verify eligibility. All payment documents must include payment information (account/loan number and check mailing address). Checks cannot be written without this information.

1.	Name of applicant(s):						
2.	Applicant email address:						
3.	s the need due to a natural disaster?						
4.	How many adults live in the home? How many contribute to expenses?						
5.	Service Component and unit:						
	Unit Commander's name:						
7.	. Unit Commander's email and phone #:						
	Total amount of financial relief (liability, obligation, debt) requested:						
€.	List all sources of income:						
	0. Does your employer make up the difference in your pay if you are on orders or SAD?						
Please answer all of the following questions. Answering all questions is necessary to proceed to the next step in the application process.							
1.	. I have a financial liability, obligation, or debt that I was not expecting to have.						
	☐ Yes Please describe the liability, obligation, or debt:						
	Please describe how the liability, obligation, or debt was unexpected:						

 \square No

2.	Paying off the liability, obligation, or debt myself will cause me significant hardship.				
	☐ Yes	Please describe the hardship:			
	□ No				
3.	My financial hardship is due to a change in my employment status (i.e. loss of employment).				
	☐ Yes	Please describe what caused your change in employment status:			
		Please describe what efforts have been made to find adequate employment:			
	□ No				
4.	I have insurance that will cover all or part of the liability, obligation or debt in whole or in part.				
	☐ Yes	Amount covered: \$			
	□ No				
5.	I have app	blied for financial assistance (grants, loans, or similar) through other avenues.			
	☐ Yes	Name of Organization(s):			
	□ No				
6.	I will be r	eimbursed from other sources for the liability, obligation or debt in whole or in part.			
	☐ Yes	Amount reimbursed: \$			
	□ No				
7.	To the best	st of my knowledge no public crowd funding campaign (i.e. GoFundMe) exists, which lists me as ciary.			
	☐ Yes, a	campaign exists			
	□ No car	mpaign exists			

8.	My financial needs include consideration for vehicle repair (3 quotes for repairs need to be application).	I needs include consideration for vehicle repair (3 quotes for repairs need to be summited with				
	\square Yes, and vehicle is my primary and only accessible form of transportation					
	\square Yes, but I have access to another form of transportation (motorcycle or a second household vehicle					
	□ No					
9.	My financial need at this time is beyond my means. ☐ Yes					
	□ No					
10.	I □ have □ have not previously received military family financial aid. Date of receipt of military family financial aid:					
Eligibility Checklist (Do not copy CAC, redact DOB & license # from driver's license)						
	1. Proof of residency (lease, mortgage, bill with home address visible)					
	2. Current Leave and Earning Statement (LES – redact last 4 SSN)					
	3. Document dependency status (DD93 or DD1172 (redact last 4 SSN))					
Financial Hardship Checklist (Include income and expenses on financial worksheet)						
	1. Household income (civilian pay slips, direct deposits for pay for Service Member and spouse, or significant others).					
	2. Checking account statements (at least two months) (Redact account #)					
	3. Savings account statements (at least two months) (Redact account #)					
	4. Proof of household expenses (housing, utilities, banking statements, insurance)					
	5. Credit card statement (at least two months) highlight emergency purchases.					
	6. Vehicle expenses (car payments, repair estimates, and insurance premium)					

7. Loans (consumer loans) (car, recreational vehicles, etc.)				
8. Miscellaneous expenses (estimate food and transportation costs)				
9. Other (List and identify – childcare, groceries, baby furniture, etc.)				
10. Payment app (Venmo, PayPal, etc.) showing details regarding who the funds recipient is and reason for the funds transfer.				
Summarize and Document Hardship (Include on application)				
1. Summarize hardship on application and DMA Form 1103				
2. Provide substantiating documents for financial hardship* *Examples: letter of intent to evict or foreclose, cost estimate for repair, denial letter of insurance coverage explanation of benefits with uncovered costs, insurance premiums, etc.				
Acknowledgements				
1. (initial) I acknowledge that if the State of Wisconsin provided a check payable authorized hardship expense that I must provide proof of payment (receipts).	e to me to cover an			
2. (initial) I acknowledge that if the MFFA Committee has requested that I (or my eligible dependents complete financial counseling or provide documentation of a payment to individual or creditor, and if I (we) fail to comply that I (we) will be required to return funds back to the MFFA fund.				
3. (initial) I acknowledge the MFFA process may take at least fifteen business days if the application is complete, and all supporting documents are included. If the requested amount exceeds \$2,500 or the application is not complete and additional supporting documents are required, the process wi take longer than fifteen business days.				
4. (initial) I acknowledge that all decisions of the MFFA grant committee are final request reconsideration of their final determination.	al and that I cannot			

Date

Applicant Signature

DMA Form 1103, Box 8, Creditor

Information Applicant:	MFFA COMMITTEE USE	
Creditor Name:	PAY THIS AMOUNT:	
Address:		
Account Number:		
Name on Account:		
Creditor Name:	PAY THIS AMOUNT:	
Address:		
Account Number:		
Name on Account:		
Creditor Name:	PAY THIS AMOUNT:	
Address:		
Account Number:		
Name on Account:	PAY THIS AMOUNT:	
Creditor Name:		
Address:		
Account Number:		
Name on Account:		
Creditor Name:	PAY THIS AMOUNT:	
Address:		
Account Number:		
Name on Account:		