

APPLICATION FOR MILITARY FAMILY FINANCIAL AID	Reference No. <i>(MFFA Use Only)</i>	Date Received <i>(MFFA)</i>
--	--------------------------------------	-----------------------------

1. Applicant Information

a. Name <i>(Last, First, Middle)</i> :	b. Address <i>(Street, City, Zip Code)</i> :	
c. Phone Number <i>(Include Area Code)</i> :	d. Relationship to Service Member:	e. Household Income:

2. Service Member Information

a. Name <i>(Last, First Middle)</i> :	b. Last four SSN or DOD #:	c. Grade:
d. Branch of Service <i>(Check One)</i> : USCG: USN: USA: USAF: USMC:		
e. Status of Service Member: Technician: Reserve: National Guard: AGR: Active Duty:		
f. ETS Date:	g. Unit <i>(Include address and phone number)</i> :	

3. Is Bankruptcy Filed or Pending: No Yes Chapter:

4. Individuals For Whom This Application Applies *(Adults and minors)*:

NAME	AGE	RELATIONSHIP TO SERVICE MEMBER

5. Reason Why Assistance Is Needed (Be complete and Specific. If more space is needed, attach separate sheet.) Also Attach Cost Estimates.

6. Amount of Prior Hardship Award:	7. Source of Prior Hardship Award:
------------------------------------	------------------------------------

8. List Your Specific Emergency Financial Needs:

Total Need:

9. Indebtedness *(Continue on Seperate Sheet if Needed)*:

a. Creditor(s)	b. Date Incurred	c. Original Amount	d. Monthly Payment

10. Applicant's Certification

I certify the information provided on this application is complete, true and correct.

a. Signature of Applicant:	b. Date:
----------------------------	----------

11. Remarks (Military Family Financial Aid representative record all pertinent information pertaining to application. If applicant's budget information is needed, use budget planning sheet.)

12. Action By Approval Authority:

a. Approved

Disapproved. Applicant has been apprised of reason(s) why this request was disapproved.

b. Amount Approved:

c. Grant Amount:

d. Name of Approval Authority:

e. Position:

13. Acknowledgment of Assistance

a. I acknowledge receipt of a GRANT in the amount of: \$ _____ by check number _____.

b. Signature of Applicant:

c. Date: