

Date received by DMVA

APPLICATION FOR MILITARY FAMILY RELIEF ASSISTANCE

Bureau of Veterans Programs, Initiatives, Reintegration & Outreach Building 9-26, Fort Indiantown Gap, Annville, PA 17003-5002

Privacy Act Statement: The information requested on this form includes the applicant's Social Security Number. This information is solicited under 51 Pa.C.S. § 7319. It will be used for routine uses within the Department of Military and Veterans Affairs and may also be disclosed to other state, federal, or local agencies as required to process the application. <u>Disclosure is voluntary</u> but if the information is not provided, we may not be able to process the application.

Eligibility Requirements (51 Pa.C.S. § 7319):

Applicants must be PA resident service members, former members, or certain eligible relatives in the following categories who are experiencing direct and immediate financial need as result of unexpected circumstances beyond their control.

- A member of the armed forces of the United States or its reserve components, including the PA National Guard, who is serving on active duty other than active duty for training for a period of 30 or more consecutive days.
- A member of the PA National Guard serving on State active duty for a period of 30 or more consecutive days.
- A member in good standing of any reserve component of the armed forces of the United States, including the PA National Guard, for a period of three years after release from a tour of active duty, other than active duty for training, or release from a tour of State active duty of 30 or more consecutive days' duration.
- Former members of the armed forces, the reserve components, or the PA National Guard for a period of four years after medical discharge for a disability incurred in line of duty during a tour of active duty of 30 or more consecutive days when the need is directly related to the active-duty service, the disability, or other exigent circumstances.
- The dependent spouse or dependent child of the eligible service member or, in the case of applicants for assistance to visit a hospitalized service member, the service member's spouse, parent, sibling or child. An eligible relative must be a resident of Pennsylvania at the time of application for assistance.

1. Service Member Inform	<u>ation</u>						
First Name:	N	MI:	Last Name:				Suffix:
Rank/Grade:	S	SN:			Date of Bi	rth:	
Phone:	Cell:			E-mail:			
Mailing Address				City		State	ZIP
Resident of PA? Yes	No 🗌 PA Co	ounty of	Residence:				
Branch of Service:				Oth	ner:		
Unit/Duty Location:							
Service member's job/earnin	gs prior to active	duty:					
2. Spouse or Other Applic	ant Information	(Spouse	e information <u>req</u>	<u>uired</u> if applic	able.)		
What is the relationship to se	ervice member?						
First Name:	r	MI:	Last Name:				Suffix:
SSN:	D	ОВ:			Resident	of PA? Y	′es 📃 No 🗌
Phone:	Cell:			E-mail:			
Mailing Address				City		State	ZIP
Other Dependents in the Ho	usehold – Name a	and Rel	ationship		Age	Spe	cial Needs?
						Yes	No
						Yes	No
						Yes	No
						Yes	No
Is applicant homeless? Yes			o can receive pay	•	•		
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3. Financial Status

List all current monthly household income and expenses. Amounts must be substantiated by bank statements, LES or pay stubs and other specifically requested documents. If no income, complete the Zero Income Management Statement below.

Monthly Household Income	Amount	Monthly Expenses	Amount
Applicant Employment Income	\$	Rent/Mortgage and Escrow	\$
Spouse/Dep. Employment Income	\$	Renters Insurance	\$
Applicant Social Security (incl. SSI/SSDI)	\$	Electricity	\$
Spouse/Dep. Social Security (incl. SSI/SSDI)	\$	Heating Oil/Coal	\$
Veterans' Benefits (Federal and State)	\$	Natural Gas	\$
Unemployment Compensation	\$	Water/Sewer	\$
Retirement/Pensions/Annuities	\$	Garbage/Recycling	\$
Workers' Compensation	\$	Septic	\$
Annual Sick Leave	\$	Cable/Internet/Phone Service	\$
Insurance Benefits	\$	Cell Phone Service	\$
Union Benefits	\$	Food/Groceries	\$
Interest and Dividends	\$	Clothing/Laundry	\$
Child Support	\$	Child Care	\$
Temporary Assist. For Needy Families (TANF)	\$	Child Support	\$
Supplemental Nutrition Assistance (SNAP)	\$	Medical/Dental Care	\$
Other Miscellaneous Income	Transportation Expenses		
Sole Proprietorship (Attach 1040 Schedule C)	\$	Automobile Loan(s)	\$
Real. Capital Gains (Attach 1040 Schedule D)	\$	Automobile Insurance	\$
Rental Income, etc. (Attach 1040 Schedule E)	\$	Fuel/Maintenance	\$
Farming/Ag. Income (Attach 1040 Schedule F)	\$	Public Transportation	\$
Total Monthly Household Income	\$	Total Monthly Expenses	\$

Zero Income Management Statement. If no household income, explain how long and how you have managed without.

Bank Statements. Complete current copies of the most recent bank statements for <u>all</u> checking and savings accounts must be submitted. Partial statements and screenshots of online banking portals are not acceptable documentation.

Current Checking Account Balance	\$ Current Savings Account Balance	\$
Current Checking Account Balance	\$ Current Savings Account Balance	\$

(Continue on separate page if necessary.)

4. <u>Grant Request</u> (Maximum grant amount is \$5,000 in a 12-month period.)

Amount Requested: \$

Explain the circumstances leading to need for Military Family Relief Assistance and justification for the amount requested. Provide relevant documentation of the amount requested in the form of bills, invoices, estimates, demands, etc. Specific documents may be requested.

Have you filed an insurance claim for the same event/need, if appropriate?	Yes	No	
Have you requested assistance from other agencies or organizations for the same event/need?	Yes	No	

	her question above, describe the outcome of the insura assistance from another source, give the provider, amo	
	ted Military Family Relief Assistance?	
5. <u>Attachments.</u> I am attac	ching the following supporting documents. (Check all bo	xes that apply.)
Copy of Military ID Card	Copy of DD-214 or Orders (if applicable)	Proof of Residency (LES, DL, e
Proof of All Monthly Incor	ne Current Bank Account Statements	Proof of Income Loss or Exper
to the best of his or her know ment, for making false states to the penalties of 18 Pa.C.S	his application, the Applicant certifies that the eligibility in ledge, information, and belief. The law provides severe p ments on official forms such as this application. I unders S.A. § 4904, pertaining to unsworn falsification to authori	enalties, including fines and impris tand this certification is made sub
X Signature of Applicant *		Date
	to sign the Authorization for Release of Information on p	
Comn	nanding Officer or Senior Noncommissioned Officer	Endorsement
First Name:	Last Name:	Rank/Grade:
Position/Title:	Unit/Command:	
Phone:	E-mail:	
I have reviewed this request	for Military Family Relief Assistance and recommend:	Approval Disapprova
	d on the following:	
	d on the following:	
My recommendation is base	d on the following:	
My recommendation is base	d on the following:	Date
My recommendation is base X Signature Secure electronic applications ervices. Hardcopy applications (ffairs, Attn: OVA-PIRO (MF	d on the following: s may be submitted to the Department by county offices ons and supporting documents should be mailed to PA D FRAP), Building 9-26, Fort Indiantown Gap, Annville, 084. For your own privacy and security, please do not e	of veterans affairs and PANG Fai Department of Military and Vetera PA 17003-5002 or faxed to the at
My recommendation is base X Signature Secure electronic applications ervices. Hardcopy applications (ffairs, Attn: OVA-PIRO (MF	s may be submitted to the Department by county offices ons and supporting documents should be mailed to PA D FRAP), Building 9-26, Fort Indiantown Gap, Annville,	of veterans affairs and PANG Fai Department of Military and Vetera PA 17003-5002 or faxed to the at mail completed applications.

within 30 days after notification of determination by submitting a written request, together with a statement of reasons and supplemental information to the address noted above. After reconsideration, notification shall be sent to the applicant.

Form and timeliness of appeal. An applicant aggrieved by a determination of the Fund Committee may appeal to the Adjutant General within 30 days after notification of the Bureau's action on reconsideration. Appeals shall be submitted in writing to the address noted above, stating the reasons for the appeal and describe the relief requested.



AUTHORIZATION FOR RELEASE OF INFORMATION

Full Name (Printed)	Social Security Number
Address	Telephone

I hereby authorize and request the disclosure to the Department of Military and Veterans Affairs any information concerning residence, veterans' benefits, public assistance, employment, applications for employment, unemployment compensation, income, expenses, resources, and any additional information involving eligibility for Military Family Relief Assistance for myself and/or those individuals on whose behalf temporary assistance is paid to me. It is understood that the information obtained will be used only for purposes directly related to the eligibility of individuals in the temporary assistance case.

X

Signature

Date

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