



Pennsylvania Military Family Relief Program Application

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

FAX: 717-861-8124

Department of Military and Veterans Affairs, Bldg S-0-47, 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 _____ Medical Services _____ Emergency Travel _____
Housing _____ Medical Prescriptions _____ Other (Please Specify) _____
Child Care _____ Insurance (Specify Type) _____
Utilities _____ Vehicle Payment _____

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:

CHECKING & SAVINGS ACCOUNTS:

Net Military Pay	Financial Institution - Checking	Balance
Net Pay of Spouse	Financial Institution - Savings	Balance
Disability / Retirement		

BANKRUPTCY INFORMATION

Other (e.g. Child Support / Unemployment)	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	Rental Name or Owner
Mortgage Balance Due	Contact Phone Number
Monthly Payment	Monthly Payment
Liens or 2nd Mortgage	
2nd Mortgage Balance	Monthly Payment

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

Name of Creditor	Balance	Monthly Payment	Item
Name of Creditor	Balance	Monthly Payment	Item
Name of Creditor	Balance	Monthly Payment	Item

MONTHLY HOUSEHOLD EXPENSES:

Rent / Mortgage	Utilities	Phone (Basic)	Food
Clothing Laundry	Child Care	Car Insurance	Other
Transportation	Credit Cards	Car Payment	Total Expenses

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

Pennsylvania Military Family Relief Program Application

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