



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

# APPLICATION FOR MILITARY FAMILY RELIEF ASSISTANCE

Date received by DMVA

**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. Disclosure is voluntary 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 Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Rank/Grade: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Resident of PA? Yes  No  PA County of Residence: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_ Other: \_\_\_\_\_  
 Unit/Duty Location: \_\_\_\_\_  
 Service member's job/earnings prior to active duty: \_\_\_\_\_

**2. Spouse or Other Applicant Information (Spouse information required if applicable.)**

What is the relationship to service member? \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Resident of PA? Yes  No   
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Other Dependents in the Household – Name and Relationship	Age	Special Needs?		
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

(Continue on separate page if necessary.)

Is applicant homeless? Yes  No  If yes, who can receive payment? \_\_\_\_\_

**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	\$
<b>Other Miscellaneous Income</b>		<b>Transportation Expenses</b>	
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	\$
<b>Total Monthly Household Income</b>	<b>\$</b>	<b>Total Monthly Expenses</b>	<b>\$</b>

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

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

<b>Current Checking Account Balance</b>	<b>\$</b>	<b>Current Savings Account Balance</b>	<b>\$</b>
<b>Current Checking Account Balance</b>	<b>\$</b>	<b>Current Savings Account Balance</b>	<b>\$</b>

(Continue on separate page if necessary.)

**4. Grant Request** (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.

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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





## 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.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

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This section reserved for internal DMVA use.