APPLICATION FOR MILITARY FAMILY FINANCIAL AID

For use of this form see the WI Department of Military Affairs State Budget and Finance Office.

REFERENCE NO. (*MFFA Use Only*)	DATE RECEIVED (*MFFA*)

1. APPLICANT INFORMATION

a. NAME (*Last, First, Middle*)	b. ADDRESS (*Street, City, State, Zip Code*)
c. PHONE NUMBER (*Include area code*)	**d. RELATIONSHIP TO SERVICEMEMBER**

2. SERVICEMEMBER INFORMATION

a. NAME (*Last, First, Middle*)	b. LAST FOUR SSN	c. GRADE

d. STATUS

☐ RESERVE ☐ TECH ☐ AGR ☐ ACTIVE

e. BRANCH

☐ USA ☐ USAF ☐ USN ☐ USMC ☐ USCG

f. ETS DATE	g. UNIT / UNIT ADDRESS / UNIT PHONE NUMBER (*All information required*)

3. POWER OF ATTORNEY ☐ YES ☐ NO	4. BANKRUPTCY FILED OR PENDING ☐ YES ☐ NO CHAPTER:

5. INDIVIDUALS FOR WHOM THIS APPLICATION APPLIES (*Adults and minors*)

a. NAME	b. AGE	c. RELATIONSHIP TO SERVICEMEMBER

6. REASON WHY ASSISTANCE IS NEEDED (*Be complete and specific. If more space is needed, continue on separate sheet.*) / ATTACH COST ESTIMATES

7. AMOUNT OF PRIOR HARDSHIP DISBURSEMENTS $	8. SOURCE OF PRIOR HARDSHIP DISBURSEMENTS

9. LIST YOUR SPECIFIC EMERGENCY FINANCIAL NEEDS

$ _____

TOTAL $ _____

10. INDEBTEDNESS (*Continue on separate sheet*)

a. TO WHOM	b. DATE INCURRED	c. ORIGINAL AMOUNT	d. MONTHLY PAYMENT

11. APPLICANT'S CERTIFICATION

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

a. SIGNATURE OF APPLICANT	b. DATE

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

13. ACTION BY APPROVAL AUTHORITY

a. ☐ APPROVED

☐ DISAPPROVED. APPLICANT HAS BEEN APPRISED OF REASONS WHY THIS REQUEST WAS DISAPPROVED.

b. AMOUNT APPROVED $	c. GRANT AMOUNT $
d. NAME OF APPROVAL AUTHORITY	e. POSITION

14. ACKNOWLEDGEMENT OF ASSISTANCE

a. I acknowledge receipt of a GRANT in the amount of

$ _____ by check number _____ .

b. SIGNATURE OF APPLICANT	c. DATE

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