

Checklist for Applicant

MFFA applications are submitted to the Department of Military Affairs through the Service Member Support Division. Contact a Soldier & Family Readiness Specialist at 1-800-292-9464 opt 1 to submit your packet.

The items on this checklist are used to document a financial need and verify eligibility. All payment documents must include payment information (account/loan number and check mailing address). Checks cannot be written without this information.

1. Name of applicant(s): _____
2. Applicant email address: _____
3. Is the need due to a natural disaster? _____
4. How many adults live in the home? _____ How many contribute to expenses? _____
5. Service Component and unit: _____
6. Unit Commander's name: _____
7. Unit Commander's email and phone #: _____
8. Total amount of financial relief (liability, obligation, debt) requested: _____
9. List all sources of income: _____
10. Does your employer make up the difference in your pay if you are on orders or SAD? _____

Please answer all of the following questions.

Answering all questions is necessary to proceed to the next step in the application process.

1. I have a financial liability, obligation, or debt that I was not expecting to have.

Yes Please describe the liability, obligation, or debt: _____

Please describe how the liability, obligation, or debt was unexpected: _____

No

2. Paying off the liability, obligation, or debt myself will cause me significant hardship.

Yes Please describe the hardship: _____

No

3. My financial hardship is due to a change in my employment status (i.e. loss of employment).

Yes Please describe what caused your change in employment status: _____

Please describe what efforts have been made to find adequate employment: _____

No

4. I have insurance that will cover all or part of the liability, obligation or debt in whole or in part.

Yes Amount covered: \$ _____

No

5. I have applied for financial assistance (grants, loans, or similar) through other avenues.

Yes Name of Organization(s): _____

No

6. I will be reimbursed from other sources for the liability, obligation or debt in whole or in part.

Yes Amount reimbursed: \$ _____

No

7. To the best of my knowledge no public crowd funding campaign (i.e. GoFundMe) exists, which lists me as the beneficiary.

Yes, a campaign exists Current amount raised: \$ _____

No campaign exists

8. My financial needs include consideration for vehicle repair (3 quotes for repairs need to be submitted with application).

Yes, and vehicle is my primary and only accessible form of transportation

Yes, but I have access to another form of transportation (motorcycle or a second household vehicle)

No

9. My financial need at this time is beyond my means.

Yes

No

10. I have have not previously received military family financial aid.

Date of receipt of military family financial aid: _____

Eligibility Checklist (Do not copy CAC, redact DOB & license # from driver's license)

1. Proof of residency (lease, mortgage, bill with home address visible)

2. Current Leave and Earning Statement (LES – redact last 4 SSN)

3. Document dependency status (DD93 or DD1172 (redact last 4 SSN))

Financial Hardship Checklist (Include income and expenses on financial worksheet)

1. Household income (civilian pay slips, direct deposits for pay for Service Member and spouse, or significant others).

2. Checking account statements (**at least two months**) (Redact account #)

3. Savings account statements (**at least two months**) (Redact account #)

4. Proof of household expenses (housing, utilities, banking statements, insurance)

5. Credit card statement (**at least two months**) highlight emergency purchases.

6. Vehicle expenses (car payments, repair estimates, and insurance premium)

- 7. Loans (consumer loans) (car, recreational vehicles, etc.)
- 8. Miscellaneous expenses (estimate food and transportation costs)
- 9. Other (List and identify – childcare, groceries, baby furniture, etc.)
- 10. Payment app (Venmo, PayPal, etc.) showing details regarding who the funds recipient is and reason for the funds transfer.

Summarize and Document Hardship (Include on application)

- 1. Summarize hardship on application and DMA Form 1103
- 2. Provide substantiating documents for financial hardship*

*Examples: letter of intent to evict or foreclose, cost estimate for repair, denial letter of insurance coverage, explanation of benefits with uncovered costs, insurance premiums, etc.

Acknowledgements

- 1. (initial) I acknowledge that if the State of Wisconsin provided a check payable to me to cover an authorized hardship expense that I must provide proof of payment (receipts).
- 2. (initial) I acknowledge that if the MFFA Committee has requested that I (or my eligible dependents) complete financial counseling or provide documentation of a payment to individual or creditor, and if I (we) fail to comply that I (we) will be required to return funds back to the MFFA fund.
- 3. (initial) I acknowledge the MFFA process may take at least fifteen business days if the application is complete, and all supporting documents are included. If the requested amount exceeds \$2,500 or the application is not complete and additional supporting documents are required, the process will take longer than fifteen business days.
- 4. (initial) I acknowledge that all decisions of the MFFA grant committee are final and that I cannot request reconsideration of their final determination.

Applicant Signature

Date

DMA Form 1103, Box 8, Creditor

Information Applicant: _____

Creditor Name: _____

Address: _____

Account Number: _____

Name on Account: _____

Creditor Name: _____

Address: _____

Account Number: _____

Name on Account: _____

Creditor Name: _____

Address: _____

Account Number: _____

Name on Account: _____

Creditor Name: _____

Address: _____

Account Number: _____

Name on Account: _____

Creditor Name: _____

Address: _____

Account Number: _____

Name on Account: _____

<p><u>MFFA COMMITTEE USE</u></p> <p>PAY THIS AMOUNT:</p> <p>_____</p> <p>PAY THIS AMOUNT:</p> <p>_____</p> <p>PAY THIS AMOUNT:</p> <p>_____</p> <p>PAY THIS AMOUNT:</p> <p>_____</p> <p>PAY THIS AMOUNT:</p> <p>_____</p>
