IGRFSF Application Directions

This document is to assist you in completing the Idaho Guard & Reserve Family Support Fund, Inc. (IGRFSF) application for financial assistance. Please complete and remit back to us at your earliest convenience.

All information is required. An incomplete application will delay your review.

1. **Page 2** - Please read, and sign and date the bottom of the page.

2. **Page 3**

- In Section 12, your S&FRS (Soldier & Family Readiness Specialist) can help you get this information from the Fund Administrator. 12a, fill this out if you are requesting a renegotiation.
- In Section 13a, attach a separate piece of paper if more space is needed, preferably typed, indicating the following*:
  - Who needs assistance – you as a member of the Idaho National Guard or Reserves, or spouse may fill out the application. If your spouse fills it out, a Power Of Attorney (POA) is required.
  - What you are requesting (how much) – here is where you use specific figures from billing statements.
  - Why you need – what turn of events has placed you in your current predicament.
  - When you need – we know ASAP, but provide specific dates as to when each item is due by.
- **VERY important** – provide a realistic description as to how you plan to repay the Idaho Guard & Reserve Family Support Fund for the money they are loaning to you.
- **14** – Disclosures – please read and initial each one.

**Please keep in mind that this is where you are selling your argument. The people reviewing your application do not know you from every other member in the Idaho National Guard or Reservists; all they will know about your situation is what they are able to read from your application so make this section as clear, descriptive, and all-encompassing as possible. If you are requesting financial assistance for rent, please include a printed lease agreement, signed by all parties. All other requests for assistance require statements from the business or lender, in YOUR name, and no older than 30 days.*

3. **Page 4** - Be specific on the Budget Planning Worksheet** and include all expenses and all household income.

***The budget planning worksheet is only used for the committee to see where your money is going, as well as for you to gain a realization of your current financial situation – NO credit checks will be run!*

4. **Page 5** - Please do not write anything on this page (beginning with section 16). Leave the page blank for the committee.

Please note if the loan application is incomplete, it cannot be submitted to the board for review. Please scan the documents and email or fax it to your local (S&FRS).

Here is some information about the Idaho Guard and Reserve Family Support Fund (IGRFSF). The IGRFSF is a private, non-profit, tax-exempt charitable organization available to assist, on an as needed basis, members of the Idaho National Guard & Other Reserve Components in Idaho-based units and their respective families. The Fund is an independent organization closely affiliated with the Idaho Military Division and the office of the Governor. The IGRFSF emergency financial assistance is provided as either an interest-free loan, a grant, or a combination loan and a grant.

Idaho Guard & Reserve Family Support Fund, Inc. (IGRFSF)
Loan Application Fact Sheet

What is the IGRFSF

The Fund is a private, non-profit, tax-exempt charitable organization. Its purpose is to collect and hold funds for use by eligible service members and their eligible family members to meet only a valid financial need. The validity of each situation is to be determined by the Standing Fund Committee.

What is considered an Emergency Need?

These needs are conditions that arise ***suddenly***, are ***unforeseen***, ***urgent***, and require immediate attention.

Loan Application Checklist

1. Service Member or Family Member must obtain and fill out the IGRFSF Form 1 (Version 8) loan application completely and accurately, the Budget planning sheet, and a W-9. This packet can be obtained from the local (S&FRS).
2. Service Member must meet with their S&FRS for guidance on arising emergency needs and to go over the Form 1 (Version 9) packet.
    a. Complete packet includes:
        i. Form 1 (Version 9)
        ii. Budget Planning Sheet
        iii. W-9
        iv. Copies of all billing statements asking to be paid, in your name, no older than 30-days
3. Submit completed loan application packets to your local S&FRS.
4. Upon decision by the Standing Fund Committee, a Service Member will receive either a
    a. Loan
        i. S&FRS will notify the Service Member
        ii. Service Member must sign a Promissory Note stating payment amount and terms of the loan.
        iii. Funds will be either dispersed directly to the creditors or to the Service Member, as applicable
    b. Grant
        i. S&FRS will notify the Service Member
        ii. Funds will be either dispersed directly to the creditors or to the Service Member, as applicable
    c. Request was Denied
        i. Service Member will be notified by mail.

Delinquent Loan Collections Process

1. When a loan is 30 (thirty) days delinquent the Service Member will be sent a 30-day late notice to the most current mailing address on file or as listed on Form 1 of the loan application. A notice is sent to their Command Team for their awareness.
2. When a loan is 60 (sixty) days delinquent the Service Member will be sent a 60-day late notice to the most current mailing address on file or as listed on Form 1 of the loan application. A notice is sent to their Command Team for their awareness that the Service Member will be eligible for collections in 30 days.
3. When a loan is 90 (ninety) days delinquent the Service Member will be sent a 90-day late notice to the most current mailing address on file or as listed on Form 1 of the loan application via Certified Mail. The loan account history will then be supplied to the Collections Action Committee, appointed by the Executive Board, for collections review, and a notice is sent to their Command Team for their awareness.

Once an account is submitted to the collections agency, the account is no longer in the control of the IGRFSF.

_____ _____

Service Member Signature Date

APPLICATION FOR IDAHO GUARD AND RESERVE FAMILY SUPPORT FUND (IGRFSF)	1. Tracking Number (Leave Blank):
	2. Date Received by S&FRS: SFRS:

3. Applicant's Name (Last, First MI):	5a. Current Address (Physical), PLEASE INCLUDE APARTMENT #
4. Contact Information: 4a. Cell Phone: 4b. Home Phone: 4c. Work Phone: 4d. Military Email (Required): 4e. Civilian Email (Required):	5b. Current Address (Mailing):

6a. Service Member's Name if other than Applicant:	6b. Applicant Phone Number (if other than SM):
6c. Relationship to SM:	

7a. SM's Branch (Check One): ☐ Army ☐ Air Force ☐ Navy ☐ Marines 7b. Status (Check all that apply): ☐ Guard ☐ Reserve ☐ Technician ☐ AGR 7c. Rank/Grade: 7d. Flagged for Adverse Action: ☐ Yes ☐ No 7e. ETS / RET date: Clear Box 7	8. SM's Unit and Contact Information 8a.Company: 8b. Battalion: 8c.Readiness NCO: 8d. Readiness NCO Phone number:

9a. Power of Attorney (PoA)?	☐ Yes	☐ No	9b. PoA Date:			
10a. Is there a Bankruptcy Filed or Pending?	☐ Yes	☐ No	10b.Bankruptcy (Chapter) & Status:			
11. I understand all applications will be reviewed as a loan unless specifically requested as a grant. ***(Initial)***						
12a. Existing Loan with IGRFSF:	☐ Yes	☐ No	12b. If yes, is it current:	☐ Yes	☐ No	12c. Amount remaining:

13a. Reason assistance is needed ***(Be specific, continue on separate sheet if more room is needed):***

13b. List your specific EMERGENCY financial needs (continue on separate sheet if needed):

	Item	Amount		Item	Amount
1			4		
2			5		
3				Total:	$ 0.00

14. Disclosures ***Initials:****

14a. I hereby authorize the Idaho Military Division (IMD) to suppy IGRFSF with any requested information contained in my official military personnel and pay records in connection with this assistance. I further authorize the IMD, or any agency, to supply my home address, and/or official military address to IGRFSF whenever requested.

14b. I also understand that it is my responsibility to inform the IGRFSF of any change of my address, unit or contact information.

14c. I have disclosed all sources of income. I understand any falsification, misrepresentation, or using funds other than instructed, can result in legal or criminal action. If a grant is provided funds will be recouped immediately through legal means.

14d. If financial counseling is a condition of the loan or grant, I agree to allow the designated Personal Financial Counselor to provide proof of my compliance.

14e. I herby authorize IGRFSF, Inc. to contact any persons or agency for additional information regarding this request.

14f. I further understand the IGRFSF is an independent, private entity, non-profit organization recognized under 501(c)(3), and is not an agency of the State of Idaho or the US Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by IGRFSF to the US Military in order to determine eligibility for the administration of financial assistance.

14g. I certify the information provided on all pages of this application is complete, true and correct.

15a Signature of Applicant	15b. Date of Signature

Reset Form

SPENDING PLAN

The purpose of the plan is to give every dollar you expect to earn a job. Create the plan for the pay period in the future. Be sure to leave some money in your checking account under the "Carryover in Checking Acct." area so the acct. doesn't go to zero. Overdrafts are expensive and time consuming. Add and subtract cells and change the colors as needed to make the plan work for you. At the end of the month you should have a zero balance budget. This means the TOTAL in cell L:8 should be $0. Once complete, you have (on paper) given every dollar a job. **Snap Shot portion to be done with PFC.**

Month

Assets

	Income 1	Income 2
Civilan Job:		
Drill Weekend:		
Other Income:		
Other Income:		
Total:	$ 0.00	

Carryover in Checking Acct.	
Misc. Cash	
Total:	$ 0.00

Emergency Savings	
Saving Acct. 1	
Saving Acct. 2	
Mutual Funds	
Investments	
College Savings	
Total:	

Expenses

Allocated	Amount
Rent or Mortgage	
Electric	
Gas	
Water/Sewer	
Garbage	
Car Payment #1	
Car Payment #2	
Car Insurance	
Health Insurance	
Rental Insurance	
Internet	
Cell Phone(s)	
Medical CoPay and Rx	
Total:	$ 0.00

Debt	Amount
Credit Card	
Credit Card	
Credit Card	
Credit Card	
Loan	
Loan	
Loan	
Total:	$ 0.00

Discretionary	Amount
Groceries	
Restaurants/Eating Out	
Haircuts/Saloon	
Alcohol/Bar	
Tobacco	
Cable TV	
TV Subcription	
Music Subscription	
Total:	$ 0.00

Snap Shot w/ PFC

Income	$ 0.00
Expenses	$ 0.00
Debt	$ 0.00
Savings	
TOTAL:	

Debt to Income Ratio

0.00%

Debt payments above 20% of income is considered a red flag.

Housing Ratio

0.00%

Mortgage or rent should be less than 35% of income.

Savings Ratio

0.00%

Suggested savings ratio is 10% of income.

Clear Form

Applicant's Name (Last, First MI):	Tracking Number (Leave Blank):
	Date of Application:

16. Service Member ☐ IS ☐ IS NOT pending discharge from the militay (If yes, explain).

17. Payment Directions:

17a. Financial counseling: ☐ IS ☐ IS NOT required. If required, frequency of counseling: monthly

17b. Payment(s): Total amount Requested:

17d. Payment Schedule: Payments will begin on:

$ / month for months with the and final payment being $

18. IGRFSF Administrative Review:

18a. IGRFSF Application is complete. ☐ Yes ☐ No

18b. Comments:

19. Committee or Board Member Signatures and Policy Over-Ride Requirement (A Yes requires FOUR (4) signatures, one of which must be an Executive Committee Member):

19a. Does IGRFSF application require policy over-ride? ☐ Yes ☐ No

19b. Why is Over-Ride required?

	Name	Grade	Signature	Date	
Member 1					Approved: ☐ Disapproved: ☐
	Comments:				
Member 2					Approved: ☐ Disapproved: ☐
	Comments:				
Member 3					Approved: ☐ Disapproved: ☐
	Comments:				
Member 4					Approved: ☐ Disapproved: ☐
	Comments:				
Member					Approved: ☐ Disapproved: ☐
	Comments:				