

Eligibility Criteria

- 1.) Successfully completed all initial training, which includes: Basic Training, MOS/AFSC Training.
- 2.) Service Members must have one year remaining on their service obligation, members who do not meet these criteria must re-enlist. If Service Member is unable to do so due to not being in the 'window' for re-enlistment they can have a Memorandum for Record submitted on their behalf by the retention NCO stating the Service Members' intention to re-enlist.
- 3.) Does not have an IGRFSF Loan in a 'delinquent' status or previous loan sent to collections.
- 4.) Service Member is **not Flagged** for Adverse Action.
(This does not include being Flagged for their Branch specific Height/Weight or Fitness Test, i.e. Army Body Composition Program (ABCP) or failed Army Combat Fitness Test (ACFT)).
- 5.) Must have satisfactory attendance history (on track for a 'good year') for Individual Training (IDT) and Annual Training (AT) at time of submission of IGRFSF Application.
- 6.) Must not be in current bankruptcy proceedings.

Disclosures

- 1.) I hereby authorize the Idaho Military Division (IMD) to supply IGRFSF with any requested information contained in my official military personnel and pay records in connection with this assistance. I further authorize the IMD, any Branch of the DoD, or any State or Federal agency, to supply my home address, and/or official military address to IGRFSF whenever requested.
- 2.) I also understand that it is my responsibility to inform the IGRFSF of any change of my address, unit or contact information.
- 3.) 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.
- 4.) Financial counseling is a Mandatory requirement of the loan or grant application. I agree to allow the designated Personal Financial Counselor to provide proof of my compliance.
- 5.) 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.
- 6.) I certify the information provided on all pages of this application is complete, true and correct.
- 7.) I understand all applications will be reviewed as a loan unless specifically requested as a grant.
- 8.) I understand that failure to respond to a request for information via my email for five (5) days, from date of initial request for information, will result in my application being placed in a 'withdrawn by Service Member' status.
- 9.) I hereby authorize the IGRFSF to contact any persons or agency for additional information regarding this request.

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.

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

Acknowledgement

My signature below signifies that I have read, understand and authorize the information on this page.

Service Member's Signature	Date Signed
Co-Applicant's Signature	Date Signed

Service Member Information:

1. Name (Last, First MI):

2. Contact Information:

2a. Mobile Phone:

2b. Work Phone:

2c. Home Phone:

2d. Military Email (Req):

2e. Civilian Email (Req):

3. Address

3a. Physical Address:

3b. Mailing Address (if different from Physical Address):

4. Service Member's Military Service:

4a. DoDID Number:

4b. Branch:

4c. Status:

4d. Rank/Grade:

4e. Time in Service:

4f. ETS/RET Date:

4g. Unit:

4h. Readiness NCO:

4i. Readiness NCO Phone Number:

Co-Applicant and Dependent Information when applicable:

5. Name (Last, First MI):

6. Contact Information:

6a. Mobile Phone:

6b. Work Phone:

6c. Home Phone:

6d. Civilian Email:

6e. Military Email (if in military service):

7. Address (Check here if same as Service Member's Address)

7a. Physical Address

7b. Mailing Address (if different from Physical Address):

8. Co-Applicant Military Service (Dual Military)

8a. Are you currently in the Military?

8b. Branch:

8c. Status:

8d. Rank/Grade:

8e. ETS/RET date:

8f. Unit:

8g. Readiness NCO:

8h. Readiness NCO Phone Number:

9. Power of Attorney (PoA)

9a. I have a PoA authorizing me to submit this application on behalf of the Service Member

9b. Effective dates of PoA:

Start:

End:

10. Dependents

First Name	Age	Relationship to SM

Finances:

Service Member Information:

Co-Applicant Information

11. Are you currently employed:
 11a. Start Date:
 11b. Salary: (Per Month)

12. Are you currently employed:
 12a. Start Date:
 12b. Salary: (Per Month)

13. Other Income (Social Security, SSDI, Child Support, Retirement/Pension, Investments, Trust(s), Disability, VA Disability, Food Stamps/WIC, ect.):

	Recipient	Source	Amount		Recipient	Source	Amount
13a.				13e.			
13b.				13f.			
13c.				13g.			
13d.				13h.			

14. Does the Service Member have an existing IGRFSF loan?
 14a. Is it current:

15. Has any Applicant been evicted in the last seven (7) Years?
 15a. If so when:

16. Bankruptcy
 16a. Has the Applicant or Co-Applicant declared bankruptcy in the last seven (7) years?
 16b. Is there a bankruptcy filed or pending?
 16c. If filed or pending, what is the status?

17. Emergency Financial Needs

	Received Final Notice	Item / Institution	Amount	Includes Past Due Amounts
17a.				
17b.				
17c.				
17d.				
17e.				
17f.				
17g.				
17h.				
CONTINUATION PAGE NEEDED				
AMOUNT FROM CONTINUATION PAGE (IF NEEDED):				
TOTAL OF AMOUNT REQUESTED:				

IGRFSF Application				Admin Tracking Number:			
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Projected Monthly Income			Food			Legal/Court Ordered		
Applicant Income								
Drill Pay (M-Day/Traditional)								
Other Income								
Co-Applicant Income								
			<i>Subtotals</i>			<i>Subtotals</i>		
Total monthly income			Insurance			Education		
Total Projected Expenses								
Projected Residual <small>(Projected income minus expenses)</small>								
			<i>Subtotals</i>			<i>Subtotals</i>		

Savings or Investments			Internet/Streaming Services			Personal Care		
			<i>Subtotals</i>			<i>Subtotals</i>		

Housing			Loans			Children		
			<i>Subtotals</i>			<i>Subtotals</i>		
						Pets/Cont./Misc./Other		
			<i>Subtotals</i>					

Transportation			Medical					
			<i>Subtotals</i>			<i>Subtotals</i>		

Notes or Comments on monthly budget:

Explanation of Financial Need

18. Written narrative of circumstances that has changed SM/FM financial stability (What has caused the financial emergency).

Be specific, this is where you explain to the Committee what happened and financial need.

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Continuation Sheet Attached:

Authorization and Release

I/We understand that by filling out and submitting this application, I/We authorize the Idaho Military Division Military and Family Support Specialist and the Idaho Guard & Reserve Family Support Fund administration personnel to request and to receive information concerning my income and debts; and to attempt to mediate a resolution of delinquent debts in order to evaluate my actual need for assistance. I/We have answered all of the questions on this application truthfully and understand that if they are not answered truthfully, my/our application may be denied.

Applicant Signature:

Date:

Co-Applicant Signature:

Date:

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