



CONNECTICUT MILITARY DEPARTMENT

INSTRUCTIONS FOR MILITARY RELIEF FUND APPLICATION

PURPOSE: The Military Relief Fund was established for the purpose of making grants to service members and their immediate family members for essential personal or household goods or services if the payment for such goods or services would be a hardship due to military service.

ELIGIBILITY: In order to be eligible for assistance under the Military Relief Fund, the following criteria must be met:

1. **Eligible Service Member:** The service member must be actively serving the armed forces of the United States on active duty or as part of the National Guard or the Reserves.
2. **Immediate Family Member:** The applicant must be the service member or the spouse, child, or parent of the eligible service member. Other family members may be eligible if they reside in the same home as the eligible service member.
3. **Domicile in the State of Connecticut:** The applicant and the service member must be currently residing in the State of Connecticut. (Service members currently on active duty and living outside the State of Connecticut are eligible if they claim Connecticut as their state of legal residence).
4. **Hardship:** There must be a financial hardship encountered by the service member or the immediate family member. Such hardships include, but are not limited to:
 - Loss of income or increase in expenses due to deployment of the eligible service member
 - Pay & allowances from eligible service member is late or insufficient to cover necessary household expenses
 - Injury to the applicant has resulted in a significant loss of income
 - House fire or condemnation renders the applicant in immediate need for assistance
 - Serious injury, illness or death to a service member or family member, that causes a loss of income or increase in expenses.
5. **Connection to Military Service:** The financial hardship must have been caused, in whole or in part, by the eligible service member's military service obligation.

LIMITATIONS:

- Funds will not be approved to pay for alimony, child support, gambling debts, legal expenses arising from criminal offenses, bad check fees, purchase real estate, purchase bonds, securities, mutual funds, other investments, or make payments determined outside the scope of the program.
- Long-term indebtedness caused by poor financial planning, ill-advised expenditures or extended unemployment do not qualify as a valid hardship for this program.

DOCUMENTATION:

1. Completed and signed application form (CTMD Form 7-1)
2. Verification of service member's military status
3. Relationship to eligible service member (Marriage Certificate, Birth Certificate, etc)
4. Proof of Connecticut residency for the applicant and service member
5. Proof of Hardship – wage stubs, bank accounts, lease, mortgage statement, property taxes, medical bills, other necessary expenses. Medical bills, notes or death certificate.

PROCESSING STANDARDS: All applications will be reviewed within seven (7) days of receipt of the CTMD Form 7-1 by the Connecticut Military Department. Grants are approved by a six (6) person board. A majority of board members must approve the grant. The maximum grant amount is \$5,000.00.

SEND APPLICATIONS & SUPPORTING DOCUMENTATION TO:

Connecticut Military Department
Military Relief Fund
360 Broad Street Room #113
Hartford, Connecticut, 06105-3706
(860) 493-2721 (fax)

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APPLICANT INFORMATION				
Last Name		First Name		Middle Initial
Mailing Address				
City		State		Zip Code
Primary Phone Number	Secondary Phone Number	E-Mail		
Social Security Number		Relationship to <i>Service Member</i> <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> Spouse <input type="checkbox"/> Parent		
SERVICE MEMBER INFORMATION				
Last Name		First Name		Middle Initial
Connecticut Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit of Assignment		Location Currently Stationed	
Rank	Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard		Component <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	Social Security Number
Years of Service				
Primary Phone Number	Secondary Phone Number	E-Mail		
OTHER HOUSEHOLD MEMBERS <small>(List all everyone who lives in the home with you)</small>				
Name		Date of Birth		Relationship

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FINANCIAL INFORMATION	
Applicant Income	
Name of Employer	
Hours per Week	Pay Rate
Other Income <i>(Second Job, Child Support, Alimony, Pension, etc.)</i>	
Other Household Member Income <i>(Spouse, Parent, etc.)</i>	
Name of Employer	
Hours per Week	Pay Rate
Other Income <i>(Second Job, Child Support, Alimony, Pension, etc.)</i>	
Available Assets <i>(List all checking, savings, CDs, investments and any other type of account you currently own)</i>	
Account Type	Current Balance
Expenses	
Expense Type	Current Balance
Mortgage/Rent	
Utilities	
Loans (Auto, Student, etc.)	
Insurance (Auto, Medical, Life, etc.)	
Other	

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HARDSHIP

Please describe the hardships you are currently experiencing:

- What do you need help with?
- What is the financial burden to yourself and your family?
- Provide a timeline of events if appropriate
- (Attach copies of estimates, bills and any other relevant documentation)

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MILITARY CONNECTION TO THE HARDSHIP

In order to be eligible for a grant from the Military Relief Fund, there must be a connection of the financial hardship to the service member's military service.

How did the military cause the current hardship?

For example:

- Did the requirement to perform military service effect your overall income?
- Are there added expenses due to military service?
- Was the service member injured while in the performance of military duty?
- Did the service member's military obligation prevent them from being available to perform routine household work or repairs?

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INFORMATION VERIFICATION, ACCESS & RELEASE AUTHORIZATION

I authorize release of the information I am providing on this application for the purposes of verification of eligibility.

Initials

STATEMENT OF CONFIDENTIALITY

This application (and supporting documentation) is the primary means of determining an individual's eligibility to receive a grant from the Connecticut Military Department's Military Relief Fund. The Military Department will contact you to verify information. Disclosure of the requested information, including the applicant's social security number is voluntary. However, failure to provide the requested information or access thereto may result in the inability to verify eligibility based on the lack of sufficient information. Unverified eligibility will result in the denial and return of this grant application.

I attest that the information provided on this application is true and correct to the best of my knowledge.

SIGNATURE

DATE

DOCUMENTATION CHECKLIST

You do not need to send in all documentation at the time of submission of the application, however, the documentation will need to be provided before the application is reviewed by the Military Relief Fund committee.

Please provide the following documentation in order to verify your request:

- ☐ Proof of identity
- ☐ Proof of military status
- ☐ Proof of Connecticut residency (Applicant & Service Member)
- ☐ Verification of relationship to service member (ie: marriage certificate, birth certificate, etc.)
- ☐ Proof of income (ie: one month of pay stubs)
- ☐ Three months of bank statements (or printout of activity)
- ☐ Documentation of balance of other assets
- ☐ Mortgage or Rent
- ☐ All utilities (electric, gas, oil, etc.)
- ☐ Documentation to support hardship (ie: bills, invoices, receipts, estimates)
- ☐ Documentation that supports hardship connection to military service, duty, performance or obligation, or serious illness

Other documentation may be requested if necessary.