



### **Military Family Relief Fund - Operation Emergency Food**

The Military Family Relief Fund is designed to assist veterans and their dependents that are experiencing financial hardship. This grant may be awarded for needs such as housing, utilities, food, medical services, education and employment expenses, childcare, basic transportation, and other essential family or critical household needs which have become difficult to afford.

The veteran must have an honorable, under honorable conditions, or certain other than honorable discharges.

The gross household income cannot exceed 2 times the US federal poverty guideline.

The applicant must prove genuine financial hardship. Financial hardship will be determined by the loss of SNAP benefits. Amount of assistance will match the amount of lost SNAP benefits.

The lifetime maximum amount an applicant may receive from the fund is two thousand five hundred dollars (\$2,500), unless a higher amount is approved by the Indiana Veterans Affairs Commission.

#### **Required Documents Checklist**

- Application: General Information, Grant Request, W9 (must have handwritten signature), and Direct Deposit Form (must have handwritten signature)
- Current documentation of your SNAP eligibility and must show your current monthly SNAP amount
- DD214 that shows the type of discharge
- First page of the most current bank statements for all accounts you own including retirement, asset, and investment accounts
- Evidence of income for applicant and spouse (2 weeks of most current pay stubs, VA compensation, Social Security, retirement, unemployment, etc.)

Send completed applications to:

Mail to: Indiana Department of Veterans Affairs

Attn: Military Family Relief Fund

777 North Meridian Street, Suite 300

Indianapolis, IN 46204

Fax to: 317-232-7721

Email to: [MFRF@dva.IN.gov](mailto:MFRF@dva.IN.gov)

For more information, please contact:

Lynn Dickey (Director)

[ldickey@dva.in.gov](mailto:ldickey@dva.in.gov)

Janie Gregory (Asst. Director)

[jgregory2@dva.in.gov](mailto:jgregory2@dva.in.gov)



**MILITARY FAMILY RELIEF FUND (MFRF)  
APPLICATION**  
State Form 53880 (R3 / 5-21)

**INDIANA DEPARTMENT OF VETERANS AFFAIRS**  
Indiana Veterans' Center  
777 North Meridian Street, Suite 300  
Indianapolis, Indiana 46204  
Telephone: (317) 232-3910  
Toll-Free: (800) 400-4520  
Fax: (317) 232-7721  
E-mail: [MFRF@dva.in.gov](mailto:MFRF@dva.in.gov)  
Website: [www.in.gov/dva](http://www.in.gov/dva)

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

**MILITARY MEMBER'S INFORMATION**

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Home Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_ Disability Percentage: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Dates of Service (mm/yy): \_\_\_\_\_ to \_\_\_\_\_ Discharge: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

E-mail: \_\_\_\_\_

Branch of Service:  Army  Navy  Marines  Air Force  Coast Guard  Space Force  
*Please check branch of service.*

**DEPENDENTS INFORMATION**

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

**SPOUSE'S INFORMATION**

Spouse: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Mailing Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I / We (check one)  Have  Have Not applied for a MFRF grant before. Date of Last Application (mm/dd/yy) \_\_\_\_\_

## GRANT REQUEST

I (printed name) \_\_\_\_\_ am requesting a grant from the MFRF Operation Emergency Food.

I currently receive SNAP benefits. The current amount I receive is \$ \_\_\_\_\_ per month.

- You must submit current eligibility documentation of SNAP benefits that includes the amount you receive.

An applicant has the right to appeal any denial of an MFRF award.

I certify that all information contained in this application to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the State of Indiana access to my pertinent records, including information maintained in Defense Enrollment Eligibility Reporting System (DEERS), as necessary to evaluate my application. Disclosure of information on this form including Social Security Numbers is voluntary, however, failure to provide requested information may prohibit the processing of this grant application. In accordance with applicable laws, the State of Indiana will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law.

I understand:

1. that this emergency program will only last as long as SNAP benefits are not being issued
2. that my application will denied after 30 days if incomplete
3. that the preferred communication between the MFRF and veteran will be by email – **please monitor your email**

**I also understand that if funds are granted, funds will be deposited by the State of Indiana electronically directly into the bank account listed on the direct deposit form.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                 <input type="checkbox"/> C Corporation                 <input type="checkbox"/> S Corporation                 <input type="checkbox"/> Partnership                 <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-		-	
		-		-		
<b>or</b>						
<b>Employer identification number</b>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-		-	
		-		-		

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**     Signature of U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

State Form 47551 (R7 / 5-18)  
Approved by State Board of Accounts, 2018  
Prescribed by Auditor of State, 2018

\* This agency is requesting disclosure of your Federal Identification Number / Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

In accordance with **IC 4-13-2-14.8**, a person who has a contract with the State of Indiana or submits invoices to the State of Indiana for payment shall authorize the direct deposit by electronic funds transfer of all payments by the state to the person.

This form must be completed in order to receive payment from the State of Indiana and any time there is a change in banking information. This form must be accompanied by a W9. If you are changing an e-mail address to receive electronic notifications of EFT deposits, please contact [vendors@auditor.in.gov](mailto:vendors@auditor.in.gov).

New Enrollment

Change of Existing Account

Prior Routing Number: \_\_\_\_\_

Prior Account Number: \_\_\_\_\_

**SECTION 1: AUTHORIZATION**

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Name of Company or Individual (as shown on the account) \_\_\_\_\_

Federal Identification Number / Social Security Number \* \_\_\_\_\_

Address (Number and Street and/or PO Box Number) \_\_\_\_\_

City, State, and ZIP Code (00000-0000) \_\_\_\_\_

**SECTION 2: DIRECT DEPOSIT INFORMATION**

Type of Account:

Checking (Demand)

Savings

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

Financial Institution: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_

Account Number (maximum 17 digits – include leading zeros): \_\_\_\_\_

**SECTION 3: E-MAIL ADDRESS TO RECEIVE ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS \*Required**

(Please contact [vendors@auditor.in.gov](mailto:vendors@auditor.in.gov) to add more than four addresses.)

All future notices of EFT deposits to the bank account specified above will be sent to the following e-mail addresses:

\_\_\_\_\_  
\_\_\_\_\_

By checking this box, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. I also authorize the State of Indiana to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME (type) \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

AUTHORIZED SIGNATURE\* \_\_\_\_\_ DATE (month, day, year) \_\_\_\_\_

\* Under IC 26-2-8-106, your electronic signature on this form represents the same legal authority as your written signature.