



## 906 WARRIOR RELIEF FUND APPLICATION

All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee payment of funds. The 906 Warrior Relief Fund reserves the right to make exceptions on a case-by-case basis.

**HAVE YOU USED OUR SERVICES IN THE PAST? (circle one)    YES    NO**

### APPLICANT'S INFORMATION (Must be Military Member or Veteran)

|   |            |      |
|---|------------|------|
| NAME:                                       | BIRTHDATE: |      |
| ADDRESS:                                    |            |      |
| CITY:                                       | STATE:     | ZIP: |
| PHONE:                                      | EMAIL:     |      |
| LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: |            |      |

Excluding Military Member or Veteran, please list all dependents residing in the home:

|             |            |                     |
|-------------|------------|---------------------|
| Name: _____ | Age: _____ | Relationship: _____ |
| Name: _____ | Age: _____ | Relationship: _____ |
| Name: _____ | Age: _____ | Relationship: _____ |
| Name: _____ | Age: _____ | Relationship: _____ |
| Name: _____ | Age: _____ | Relationship: _____ |

### MILITARY MEMBER/VETERAN INFORMATION

|  |  |  |
|--|--|--|
| <b>Branch:</b><br><input type="radio"/> Air Force<br><input type="radio"/> Army<br><input type="radio"/> Coast Guard<br><input type="radio"/> Marine Corps<br><input type="radio"/> Navy | <b>Status:</b><br><input type="radio"/> Active Duty<br><input type="radio"/> National Guard<br><input type="radio"/> Reserves<br><input type="radio"/> Retired | <b>Military Service Information:</b><br>If separated from service, type of discharge.<br>_____ |
| Pay Grade/Rank: _____  |  |  |

### FINANCIAL HARDSHIP

Please describe the expenses you need assistance with (i.e. rent, utilities, medical expenses, food):

  
  
  
  
  
  
  
  
  
  

Please tell us the amount of funds needed/requested: \$ \_\_\_\_\_

**FINANCIAL HARDSHIP CONTINUED**

Please describe why you are unable to meet this need on your own:

Please explain what action you have taken to resolve this hardship on your own other than applying for financial assistance:

Please list any other agencies you are working with (i.e. VA, Salvation Army, local church):

**INCOME**

Military Member/Veteran Monthly Income:  
\$ \_\_\_\_\_

Other Household Income: \$ \_\_\_\_\_  
(i.e. Spouse, Significant Other, Children residing at  
same address, etc.)

Additional Monthly Income:

| Type                | Amount   | Type                                  | Amount   |
|---------------------|----------|---------------------------------------|----------|
| VA Compensation     | \$ _____ | Alimony                               | \$ _____ |
| VA Pension          | \$ _____ | Child Support                         | \$ _____ |
| Military Retirement | \$ _____ | Childcare Assistance                  | \$ _____ |
| SSI/SSDI            | \$ _____ | Rental Income                         | \$ _____ |
| Unemployment        | \$ _____ | Private Pension/Other<br>Retirement   | \$ _____ |
| Worker's Comp.      | \$ _____ | Self-Employment Income                | \$ _____ |
| Welfare/TANF        | \$ _____ | Short Term or Long Term<br>Disability | \$ _____ |
| Food Stamps/WIC     | \$ _____ |                                       |          |
| Investment Income   | \$ _____ |                                       |          |

**Proof of all income required (i.e. pay stubs, bank statements, W2 etc.)**

**MONTHLY EXPENSES**

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

|                      |          |                     |          |
|----------------------|----------|---------------------|----------|
| Rent/Mortgage        | \$ _____ | Credit/Charge Cards | \$ _____ |
| Electric             | \$ _____ | Loans               | \$ _____ |
| Heat                 | \$ _____ | Student Loans       | \$ _____ |
| Water/Sewer          | \$ _____ | Savings             | \$ _____ |
| Phone 1              | \$ _____ | Other _____         | \$ _____ |
| Phone 2              | \$ _____ | Other _____         | \$ _____ |
| Phone 3              | \$ _____ | Other _____         | \$ _____ |
| Cable                | \$ _____ | Other _____         | \$ _____ |
| Internet             | \$ _____ | Other _____         | \$ _____ |
| Vehicle 1            | \$ _____ | Notes/Explanation:  |          |
| Vehicle 2            | \$ _____ |                     |          |
| Vehicle(s) Insurance | \$ _____ |                     |          |
| Vehicle(s) Fuel      | \$ _____ |                     |          |
| Health Insurance     | \$ _____ |                     |          |
| Life Insurance       | \$ _____ |                     |          |
| Recreation Vehicle   | \$ _____ |                     |          |
| Food                 | \$ _____ |                     |          |
| Household Items      | \$ _____ |                     |          |
| Child Care           | \$ _____ |                     |          |
| Child Support        | \$ _____ |                     |          |

**Please Note: Without a complete application your request will not be considered.**

---

## WARRIOR RELIEF FUND TERMS AND CONDITIONS

Please complete all signatory blocks below and return immediately. This form is essential to the review and approval process. We want to emphasize that each application will be reviewed independently and each case will stand on its own merit.

\_\_\_\_\_ I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, price/income information, and medical information. This information will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.

\_\_\_\_\_ I agree to allow the Warrior Relief Fund to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by the Warrior Relief Fund Board.

\_\_\_\_\_ I understand the primary purpose of the Warrior Relief Fund is to meet immediate and urgent needs of the recently Active Duty Military, Reserve, National Guard personnel and Veterans.

\_\_\_\_\_ I agree to obey all policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

\_\_\_\_\_ I understand that the Warrior Relief Fund may require that I submit to an interview.

\_\_\_\_\_ I understand that the Warrior Relief Fund is funded by public donations and success is based solely upon public support of the program. The Warrior Relief Fund is not government funded.

\_\_\_\_\_ I agree to hold the Warrior Relief Fund, their officers, employees, agents and sponsors harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss, that may occur.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**The following documents are enclosed with my application:**

- Copy of DD-214, Military Members most recent orders or Military ID.
- Copy of the bills for which you are requesting assistance. This must include the account holder's name and the account number, as well as the creditor's name and phone number with area code. For assistance with repairs or other services, two different written estimates on company letterhead are required. (For example, if requesting assistance with rent, a copy of your lease agreement is required, and copies of actual invoices).
- Proof of all income: Pay stubs, W2, Pension, Rental income, Last two months checking account statements, Last two months savings account statements, etc.

**Supporting documentation and Application may be mailed or emailed to one of the following:**

906 Warrior Relief Fund  
Attn: Richard Wood  
P.O. Box 168  
Little Lake, MI 49833  
Phone: 906-250-2819  
Email: rwood1956@yahoo.com

906 Warrior Relief Fund  
Attn: Tracy Papciak  
P.O. Box 168  
Little Lake, MI 49833  
Phone: 906-869-1985  
Email: tracypap14@gmail.com

[www.906warriorrelieffund.org](http://www.906warriorrelieffund.org)

Once we have received your complete application a representative may contact you to discuss the specifics of the case and/or request additional information. This contact does not imply approval of your application.

The approval process normally takes twenty (20) business days.

We will contact you as soon as a final determination has been made in your case.

**Please note: We are unable to respond to status check requests while your file is being processed. If you have not received contact from us after twenty (20) business days from submitting your application, please contact us.**