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:	LENGTH OF RESIDENCY:
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

Branch: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy ☐ Space Force Pay Grade/Rank _____	Status: ☐ Active Duty ☐ National Guard ☐ Reserves ☐ Retired	**Military Service Information:** If separated from service, type of discharge: _____

FINANCIAL HARDSHIP

Please describe the expenses you need assistance with (i.e. rent, utilities, medical expenses, home/vehicle repairs):

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 (enter approximate monthly amounts):

Type	Amount	Type	Amount
VA Compensation	$ _____	Employment	$ _____
VA Pension	$ _____	Child Support/Childcare Assistance	$ _____
Military Retirement	$ _____	Alimony	$ _____
SSI/SSDI	$ _____	Savings Account Balance	$ _____
Unemployment	$ _____	Private Pension/Other Retirement	$ _____
Worker's Comp.	$ _____	Self-Employment and/or Rental Income	$ _____
Welfare/TANF	$ _____	Short-Term or Long-Term Disability	$ _____
Trust Fund	$ _____		
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.

Expense	Monthly Amount	Expense	Monthly Amount
Rent/Mortgage	$ _____	Credit/Charge Cards	$ _____
Electric	$ _____	Loans	$ _____
Heat	$ _____	Student Loans	$ _____
Water/Sewer	$ _____	Other _____	$ _____
Phone 1	$ _____	Other _____	$ _____
Phone 2	$ _____	Other _____	$ _____
Phone 3	$ _____	Other _____	$ _____
Cable	$ _____	Other _____	$ _____
Internet	$ _____		
Vehicle 1	$ _____		
Vehicle 2	$ _____		
Vehicle(s) Insurance	$ _____		
Vehicle(s) Fuel	$ _____		
Health Insurance	$ _____		
Life Insurance	$ _____		
Recreation Vehicle	$ _____		
Food	$ _____		
Household Items	$ _____		
Child Care	$ _____		
Child Support	$ _____		

Notes/Explanation:

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

WARRIOR RELIEF FUND TERMS AND CONDITIONS – PLEASE CHECK ALL YOU AGREE TO BELOW AND SIGN:

Please check all blocks below, sign that you agree to all checked 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, proof of expenditures, 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 understand that the Warrior Relief Fund may require that I submit to an interview.

☐ 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 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

Anything found untrue in this application is grounds for denial of your request.

APPLICATION CHECKLIST & SUBMISSION

The following documents are enclosed with my application:

☐ Copy of DD-214 (NGB form 22), Military Member's 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 household income: Pay stubs, W2, Pension, Rental income, credit card statements, last two months checking account statements, last two months savings account statements for all household members, etc.

☐ Proof of Upper Peninsula of Michigan residency for at least the last 3 months.

Supporting documentation and application may be mailed or emailed (if emailed please scan all documents) to one of the following:

(NO PICTURES FROM YOUR PHONE)

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

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. Please note that the determination process may be significantly shorter if applicant is pro-active and supplies all necessary documents listed above and answers questions in a timely manner.

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.

Form revision:
OCT-26