

IGRFSF Application Directions

This document is to assist you in completing the Idaho Guard & Reserve Family Support Fund, Inc. (IGRFSF) application for financial assistance. Please complete and remit back to us at your earliest convenience. You need to download Adobe PDF in order to complete this document. Free versions are available online.

1. **Page 2 -**

-Fill out Boxes 3-15.

-Box 6a If spouse is filling out IGRFSF application, place Service Member's name here.

-Box 7b -Select either Guard or Reserve, leave blank if neither apply.

-Select either Technician or AGR, leave blank if neither apply.

-If you check the wrong box, click 'Clear Box 7' to reset all boxes in that section.

-Box 13a Ensure to answer the following questions:

1. What you are requesting a loan for (specifics will be listed in 13b)?
2. Why you need the loan; what event(s) has caused your financial hardship?
3. When is your first bill due?
4. VERY IMPORTANT – a realistic plan on repaying the IGRFSF i.e. "I will repay the IGRFSF loan \$150.00 over 10 months based on the plan I have worked out with the Personal Financial Counselor."
5. Add separate sheet if more room is needed, ensure to put applicant's name and date at the top of each sheet used.

This is the location make your case for the IGRFSF. Board members will review this information when making their determination for approving or denying the loan. Everything they know about your situation is learned from this box. Make it clear, descriptive, and as inclusive as possible. Any document that can support your application should be referenced and attached.

Include any document referenced (Rental agreements, bills, or statements from the institution you're requesting assistance for). These documents must have the applicant's name, signatures of all parties involved, be complete (all pages of the agreement), and bills must be less than 30 days old at time of submission.

-Box 13b- Enter the company / bill under the 'Item' header.

Enter the current amount owed under the 'Amount' header. The 'Total' will calculate itself.

-Box 14- Read and Initial next to each one.

2. **Page 3-** For Official Use Only. Do not fill out this page.

3. **Page 4-** Please read, sign, and date the bottom of this page.

4. **Page 5-** Spending plan will be utilized with the assistance of the Personal Financial Counselor (PFC). Please contact the PFC with any questions @ 208-272-8332 or E-mail: pfc.id.ng@zeiders.com

5. **W-9 form** (attached separately) include your name, check the box for Individual, your SSN, and sign. If you default on your loan, this form is needed to send you to collections.

Please note if the loan application is incomplete, it cannot be submitted to the board for review.

Please save the documents and email it to your local Soldier and Family Readiness Specialist.

Here is some information about the Idaho Guard and Reserve Family Support Fund (IGRFSF). The IGRFSF is a private, non-profit, tax-exempt charitable organization available to assist, on an as needed basis, members of the Idaho National Guard & Other Reserve Components in Idaho-based units and their respective families. The Fund is an independent organization closely affiliated with the Idaho Military Division and the office of the Governor. The IGRFSF emergency financial assistance is provided as either an interest-free loan, a grant, or a combination loan and a grant.

Idaho Guard & Reserve Family Support Fund, Inc. (IGRFSF)

Loan Application Fact Sheet

What is the IGRFSF

The Fund is a private, non-profit, tax-exempt charitable organization. Its purpose is to collect and hold funds for use by eligible service members and their eligible family members to meet only a valid financial need. The validity of each situation is to be determined by the Standing Fund Committee.

What is considered an Emergency Need?

These needs are conditions that arise suddenly, are unforeseen, urgent, and require immediate attention.

Loan Application Checklist

1. Service Member or Family Member must obtain and fill out the IGRFSF Form 1 (Version 10) loan application completely and accurately, the Spending Plan sheet, and a W-9. This packet can be obtained from the Soldier and Family Readiness Specialist.
2. Service Member must meet with their S&FR Specialist for guidance on arising emergency needs and to go over the IGRFSF Form 1 (Version 10) packet.
 - a. Complete packet includes:
 - i. Form 1 (Version 10)
 - ii. Budget Planning Sheet
 - iii. W-9
 - iv. Copies of all billing statements asking to be paid, in your name, no older than 30-days
3. Submit completed loan application packets to your local S&FR Specialist.
4. Upon decision by the Standing Fund Committee, a Service Member will receive either a
 - a. Loan
 - i. S&FR Specialist will notify the Service Member
 - ii. Service Member must sign a Promissory Note stating payment amount and terms of the loan.
 - iii. Funds will be either dispersed directly to the creditors or to the Service Member, as applicable
 - b. Grant
 - i. S&FR Specialist will notify the Service Member
 - ii. Funds will be either dispersed directly to the creditors or to the Service Member, as applicable
 - c. Request was Denied
 - i. Service Member will be notified by mail.

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.

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

Service Member Signature

Date

APPLICATION FOR IDAHO GUARD AND RESERVE FAMILY SUPPORT FUND (IGRFSF)		1. Tracking Number (Leave Blank):	
		2. Date Received by S&FRS: SFRS:	
3. Applicant's Name (Last, First MI):		5a. Current Address (Physical), PLEASE INCLUDE APARTMENT #	
4. Contact Information: 4a. Cell Phone: 4b. Home Phone: 4c. Work Phone: 4d. Military Email (Required): 4e. Civilian Email (Required):		5b. Current Address (Mailing):	
6a. Service Member's Name if other than Applicant:		6b. Applicant Phone Number (if other than SM):	
6c. Relationship to SM:			
7a. SM's Branch (Check One): ☐ Army ☐ Air Force ☐ Navy ☐ Marines 7b. Status (Check all that apply): ☐ Guard ☐ Reserve ☐ Technician ☐ AGR 7c. Rank/Grade: 7d. Flagged for Adverse Action: ☐ Yes ☐ No 7e. ETS / RET date:		8. SM's Unit and Contact Information 8a. Company: 8b. Battalion: 8c. Readiness NCO: 8d. Readiness NCO Phone number:	
9a. Power of Attorney (PoA)? ☐ Yes ☐ No		9b. PoA Date:	
10a. Is there a Bankruptcy Filed or Pending? ☐ Yes ☐ No		10b. Bankruptcy (Chapter) & Status:	
11. I understand all applications will be reviewed as a loan unless specifically requested as a grant. <i>(Initial)</i>			
12a. Existing Loan with IGRFSF: ☐ Yes ☐ No		12b. If yes, is it current: ☐ Yes ☐ No	
12c. Amount remaining:			
13a. Reason assistance is needed <i>(Be specific, continue on separate sheet if more room is needed):</i>			
13b. List your specific EMERGENCY financial needs (continue on separate sheet if needed):			
Item		Amount	
1		4	
2		5	
3		Total:	
14. Disclosures			
14a. 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, or any agency, to supply my home address, and/or official military address to IGRFSF whenever requested.			
14b. I also understand that it is my responsibility to inform the IGRFSF of any change of my address, unit or contact information.			
14c. 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.			
14d. If financial counseling is a condition of the loan or grant, I agree to allow the designated Personal Financial Counselor to provide proof of my compliance.			
14e. I hereby authorize IGRFSF, Inc. to contact any persons or agency for additional information regarding this request.			
14f. 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.			
14g. I certify the information provided on all pages of this application is complete, true and correct.			
15a Signature of Applicant		15b. Date of Signature	

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 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. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ 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 not 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. ☐ Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

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.

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.

Social security number											
				-				-			
or											
Employer identification number											
				-							

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 ►
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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.

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.

SPENDING PLAN

The purpose of the plan is to give every dollar you expect to earn a job. Create the plan for the pay period in the future. Be sure to leave some money in your checking account under the "Carryover in Checking Acct." area so the acct. doesn't go to zero. Overdrafts are expensive and time consuming. Add and subtract cells and change the colors as needed to make the plan work for you. At the end of the month you should have a zero balance budget. This means the TOTAL in cell L:8 should be \$0. Once complete, you have (on paper) given every dollar a job. **Snap Shot portion to be done with PFC.**

Month		Income 1	Income 2	Carryover in Checking Acct.		Emergency Savings		
Assets	Civilian Job:			Misc. Cash		Saving Acct. 1		
	Drill Weekend:					Saving Acct. 2		
	Other Income:					Mutual Funds		
	Other Income:					Investments		
	Total:					College Savings		
				Total:			Total:	

Allocated	Amount	Debt	Amount	Discretionary	Amount
Rent or Mortgage		Credit Card		Groceries	
Electric		Credit Card		Restaurants/Eating Out	
Gas		Credit Card		Haircuts/Saloon	
Water/Sewer		Credit Card		Alcohol/Bar	
Garbage		Loan		Tobacco	
Car Payment #1		Loan		Cable TV	
Car Payment #2		Loan		TV Subscription	
Car Insurance				Music Subscription	
Health Insurance					
Rental Insurance					
Internet					
Cell Phone(s)					
Medical CoPay and Rx					
Total:		Total:		Total:	

Snap Shot w/ PFC	
Income	
Expenses	
Debt	
Savings	
TOTAL:	
Debt to Income Ratio Debt payments above 20% of income is considered a red flag.	
Housing Ratio Mortgage or rent should be less than 35% of income.	
Savings Ratio Suggested savings ratio is 10% of income.	

Applicant's Name (Last, First MI):				Tracking Number (Leave Blank):			
				Date of Application:			
16. Service Member ☐ IS ☐ IS NOT pending discharge from the militay (If yes, explain).							
17. Payment Directions:							
17a. Financial counseling: ☐ IS ☐ IS NOT required. If required, frequency of counseling:							
17b. Payment(s):							
17d. Payment Schedule: Payments will begin on:							
\$ / month for months with the and final payment being \$							
18. IGRFSF Administrative Review:							
18a. IGRFSF Application is complete. ☐ Yes ☐ No							
18b. Comments:							

19. Committee or Board Member Signatures and Policy Over-Ride Requirement (A Yes requires FOUR (4) signatures, one of which must be an Executive Committee Member):					
19a. Does IGRFSF application require policy over-ride? ☐ Yes ☐ No					
19b. Why is Over-Ride required?					
M e m b e r 1	Name	Grade	Signature	Date	Approved: ☐
					Disapproved: ☐
	Comments:				
M e m b e r 2	Name	Grade	Signature	Date	Approved: ☐
					Disapproved: ☐
	Comments:				
M e m b e r 3	Name	Grade	Signature	Date	Approved: ☐
					Disapproved: ☐
	Comments:				
M e m b e r 4	Name	Grade	Signature	Date	Approved: ☐
					Disapproved: ☐
	Comments:				
M e m b e r	Name	Grade	Signature	Date	Approved: ☐
					Disapproved: ☐
	Comments:				