

CONG APPLICATION FOR EMERGENCY FIANCIAL RELIEF



Chair, Colorado National Guard Foundation, Inc.
Revised 3-Feb-2017 IRB

Send Completed Application to:
Family Program
12200 E. Briarwood Avenue, Suite
160 Centennial, Colorado 80112
Phone: 866-333-8844
Fax: 720-250-1199

Today's Date: _____

1. I, _____, request emergency financial assistance from the Colorado National Guard Foundation, Inc. (full name w/ middle initial)
2. Name of Guard Member (A notarized Power of Attorney is required if a spouse is applying or the name is different from #1): _____
3. Is Guard Member currently deployed? Yes: No:
4. Date of Birth: _____ (DD-MMM-YYYY)
5. Rank of Guard Member: _____ Air Army:
6. Unit of Assignment: _____
7. Social Security Number of Guard Member: _____
8. ETS Date: _____ (must provide a LES as proof of the one year requirement)
9. Military status of Guard Member:

Full-Time Technician	<input type="checkbox"/>
Active Guard/Reserve (AGR)	<input type="checkbox"/>
ADOS	<input type="checkbox"/>
Traditional Guard Member (1 weekend/mo., 2 weeks/year)	<input type="checkbox"/>





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10. Applicant's Information:

Applicant's Street Address

Home Telephone Number

City, State, Zip

Work Telephone Number

Email

Mobile Telephone Number

11. Applicant's Employer:

Business Name

Contact Name

Employer's Street Address

Employer's Phone Number

City, State, Zip

Length of Employment

12. List one relative not residing in your household whom the committee could contact if they are unable to reach you in the future:

Street Address

Relative Name and Relationship

City, State, Zip

Relative's Phone Number

13. Indicate the number of individuals for whom you are financially responsible for including yourself: _____ Ages of Children: _____

Additional adults in household (caring for elderly parents) : _____

14. What is your total monthly net (after-tax) income for your household? \$ _____

15. I am requesting a: Loan Grant



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19. List all the bills that you need assistance with, in the order of priority:
(MUST provide copies to all payees - see instructions on page 1)

Payee:	\$ Amount	Date Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20.

UNIT VALIDATION CERTIFICATION

I, the undersigned, have examined this application for assistance and certify the claim to be valid and the request for emergency financial assistance is necessary and that applicant has exhausted all other resources available for assistance. I also verify that the proper chain of command has been notified.

COMMANDER OR COMMANDER REPRESENTATIVE: _____

TITLE: _____ **UNIT:** _____

VERIFICATION SIGNATURE: _____

DATE: _____ **CONTACT INFO: WORK #** _____

EMAIL: _____



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1. I authorize verification/release of the information that I am providing on this application. This authorization applies to organizations inside or outside of the Colorado National Guard for the purposes of evaluating this application and/or for collection proceedings if necessary if a loan is approved and payment is late. I authorize the Emergency Relief Committee access to any pertinent records as necessary to evaluate my application.

Please Initial: _____

2. I understand that loans and grants are not an entitlement. All requests for loans or grants are taken on a case-by-case basis and the availability of foundation funds. The Emergency Relief Committee is compromised of officers, NCOs and government civilians.

Please Initial: _____

3. I understand that the Committee will contact my unit Commander if any loan payment is more than 60 days past due will be turned over to collections.

Please Initial: _____

4. If I receive a loan, I agree to notify the Committee IMMEDIATELY of any change of address or phone number during the repayment period.

Please Initial: _____

5. I will IMMEDIATELY contact the Colorado National Guard Foundation, Inc. representative if I have difficulty making the agreed payments.

Please Initial: _____

6. I understand that if a check received for payment is returned for NON-SUFFICIENT FUNDS, any additional bank fees will be added to your loan balance.

Please Initial: _____

7. I understand that failure to pay any debt included in this loan may negatively affect my ability to obtain/maintain your security clearance.

Please Initial: _____

8. The information that I have provided on this Application Form is true and correct to the best of my knowledge:

Applicant's Signature _____ Date _____

STATEMENT OF CONFIDENTIALITY: This application form and the promissory note are the primary sources of information for determining an individual's eligibility for financial assistance through this Foundation. Disclosure of information on these forms, including the applicant's social security number, is voluntary. However, failure to provide the requested information may mean the Committee will deny emergency assistance because of insufficient information. The Committee will maintain confidentiality regarding the application and assistance given or denied, except as detailed in the release authorization above.



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I PROMISE TO PAY THE COLORADO NATIONAL GUARD FOUNDATION, INC., THE AMOUNT OF:

\$ _____, _____ dollars
(Total Amount) (Written dollar amount)

I agree to pay the first payment of **10%** of the total loan amount, **60 days** from the date of the approved loan, and **10%** of the total loan amount will then be due every 30 days after the first payment until the loan is PAID IN FULL.

I agree to repay the loan by cash, personal check, money order, or cashier's check. Any cash payments must be paid in person (do not send cash in the mail) and a receipt will be issued. I will draft the personal check, cashier's check, or money order payable to:

The Colorado National Guard Foundation, Inc. and I will deliver/send these payments no later than the due date to:

*Colorado National Guard Foundation
12200 East Briarwood Avenue Suite 160
Centennial, CO 80112*

Print: Last Name, First Name, Middle Initial

Borrower's Signature

Date Signed

***** **NOTE:** The Committee for Emergency Financial Relief REQUIRES that the borrower also read the following two paragraphs, and sign below, indicating that he/she has read and understands the information provided:

- The applicant will complete the Promissory Note if a loan is approved, and the Committee will provide the borrower with a copy of the Note. The Note itself is the borrower's reminder to pay according to the above repayment schedule. **The Committee expects the borrower to make timely payments.**
- The Committee will contact the borrower's unit Commander if any loan payment is more than 60 days past due, and will initiate action to seek repayment through legal means if necessary. The Borrower understands that, should he/she not pay this loan and the loan is sent to a collection agency, ALL ASSOCIATED COSTS will be incurred by the Borrower.
- I agree to the terms set out in this agreement and have received or kept a copy of this document for my records:
- **PAYMENTS:** Each payment I make on this loan will be applied first to any charges I owe other than principal and finally to principal due.
- **PREPAYMENT:** I may prepay this loan in whole or in part at any time without penalty. If I prepay in part, I must still make each later payment in the original amount as it becomes due until this note is paid in full.
- **DEFAULT/REMEDIES:** I will be in default on this loan if I fail to perform any obligation which I have undertaken in this note. If I am in default on this loan you may:
 - a. Make unpaid principal, earned interest, and all other agreed charges I owe immediately due.
 - b. Use any remedy you have under State or Federal law.
 By choosing any one or more of these remedies, you do not give up your right to use any other remedy later. By deciding not to use any remedy should I be in default, you do not give up your right to consider the event a default if it happens again.
- **WAIVER:** I waive (to the extent permitted by law) demand, presentment, protest, notice of dishonor, notice of protest, notice of intent to accelerate and notice of acceleration.
- **PRIVACY:** I agree that from time to time you may receive credit information about me from others, including other lenders and credit reporting agencies. I agree that you may furnish on a regular basis credit and experience information regarding my loan to others seeking such information. To the extent permitted by law, I agree that you will not be liable from any claim arising from the use of information provided to you by others or for providing such information to others.
- **FINANCIAL STATEMENTS/RETURNED CHECKS:** I will give you any financial statements or information that you feel is necessary. All financial statements and information that I give you will be correct and complete. I agree to pay the lender current returned check charges for each check which (1) I give in payment on this note and (2) is dishonored and returned to you. Any charges that I incur under this provision may be added to the unpaid balance of the note, but no interest will be charged on these additional charges during the term of this note.

Borrower's Signature

Date



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Service Members please complete your payee's payment information

CONG Foundation, will not be responsible for incorrect information provided on payee and address information.
F.U.O = Foundation Use Only

Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
F.U.O:	Check#:	Date:	
Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
F.U.O:	Check#:	Date:	
Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
F.U.O:	Check#:	Date:	
Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
F.U.O:	Check#:	Date:	
Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
F.U.O:	Check#:	Date:	

Foundation Use Only

Applicant _____ Unit _____ Date _____

Amount Requested \$ _____ Amount Approved _____

Processor _____ Date of Approval _____

Committee member (Print)	Initials	Approved	Disapproved	Loan	Grant
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