



Military Family Relief Fund

OPERATION HOLIDAY PROGRAM

The MFRF Operation Holiday Program is designed to assist veterans and their families who are experiencing financial hardship. This special program can assist with essential holiday expenses for dependent children that reside in the veteran's home and a holiday meal for qualified veterans. The assistance amount would be \$300.00 for each dependent child residing in the veteran's home and \$200.00 for the holiday meal.

This program will begin on November 1, 2023 and end on December 29, 2023. Any applications received or any that are incomplete after 4PM EST on December 29, 2023 will be denied.

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 guidelines.

An eligible dependent child shall be under 18 years of age.

Please note, the maximum lifetime amount that an applicant may receive from the fund is two thousand five hundred dollars (\$2,500.00), unless a higher amount is approved by the commission.

Required Documents Checklist:

- Application: General Information Form, Grant Request, W9, and Direct Deposit Form (must have handwritten signatures)
- Proof that dependent children reside with veteran. See list of accepted dependency & residency documents on grant request form
- DD214 that shows the type of discharge
- First page of the most current bank, investment, and retirement statements for all accounts you own, showing account balance and available assets
- Evidence of income for applicant and spouse (2 weeks of most current pay stubs, VA compensation, Social Security, retirement, unemployment, etc.)
- An email address is mandatory – all communication between MFRF and applicant will be by email

See website (In.gov/DVA) for FAQ, definitions, and explanation of program qualifications.

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



**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
Website: 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 Holiday Program.

There are _____ dependent children residing in my household @ \$300.00 each	\$ _____
Holiday Meal (\$200.00)	\$ <u>200.00</u>
Total Requested	\$ _____

- Dependency proof for each child must include the following:
 - Birth certificate, veteran's marriage license, and/or legal guardianship documents
- Proof of residency for each dependent child could include, but is not limited to:
 - School correspondence (report card, emails, school notices, etc.) indicating that each child resides at the same address as the veteran
 - Doctor's bills, pharmacy bills, immunization records, or any other official letters or notices indicating that each child resides at the same address as the veteran
 - Social service records or statements indicating that each child resides at the same address as the veteran
 - Insurance records indicating that each child resides at the same address as the veteran
 - State issued ID for each child indicating that the child resides at the same address as the veteran

An applicant has the right to appeal any decision to the Indiana Veterans' Affairs Commission.

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 that:

1. my application will be denied if it is received after 4PM EST on December 29, 2023
2. my application will be denied if there is any missing information not submitted by 4PM EST on December 29, 2023
3. all 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 for instructions and the latest information.

	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	
Print or type. See Specific Instructions on page 3.	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.	
	<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) ▶ _____ 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.	
	<input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

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.

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 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.