



**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!**

Please complete the attached application and financial snapshot ensuring you include as much detail as possible. Incomplete applications **will not be processed** due to the volume of applications received. Cases are reviewed in the order in which they are received and reviewed the last week of every month with no exceptions. Depending on the time of month an application is received will determine if it will be reviewed during that month or the following month. This is due to the number of cases we receive monthly.

**Proof of service (LES/DD214) will be required as well as proper documentation (current bills) supporting your scope of needs. If there is no current active duty LES, a DD214 or the completed Hands on Banking spending plan sheet, it will not be processed.** Please provide a **complete** list of your duty stations, points of contact, as well as contact information for anyone who can speak to your needs.

**ALL INCOME REPORTS MUST BE SUBMITTED WITH EARNINGS STATEMENTS.**

Please be sure to outline your most pressing needs. Our goal is to provide financial assistance to as many military families as possible; therefore, the Armed Forces Foundation provides a **SINGLE, ONE TIME** grant to qualifying families. Again, that is a **ONE TIME ONLY GRANT**. This is to ensure that many families in need are able to benefit from this rather than only a handful.

If necessary, we believe that clients should consult a financial counselor to create a plan for financial independence. Please include the contact information of your financial counselor, if applicable.

Once you have all the requested information, please email or fax the appropriate documentation along with your application. All information must be filled out on the application. Incomplete applications will not be processed. **You must have a completed packet consisting of an application, DD214/ CURRENT ACTIVE DUTY LES, a completed Hands on Banking spending plan sheet, spouse's earnings statement, a copy of current bills with billing address and account numbers to be considered complete. All monies are sent directly to the creditor.**

Thank you for your dedicated service to our nation,

Wendy R. O'Neil

Family Assistance Director

Wendy O'Neil, Director of Family Assistance

910-401-1886 fax

[woneil@armedforcesfoundation.org](mailto:woneil@armedforcesfoundation.org)

Hours of Operation 8am – 4pm EST



## **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!**

**Before submitting this application, please use this checklist to ensure its completion:**

- All sections of application completed**
- Proof of service (LES/DD214) attached**
- Copies of Current Bills/Statements for which you are seeking assistance**
- Earnings Statements**
- Spouse's Earnings Statements, if applicable**
- Copy of VA Disability Letter, if applicable**
- Completed Hands on banking spending plan sheet**

**Requirements:**

- Current active duty service member (including ACTIVATED Guard/Reserve) OR**
- Departed/released service member within the last YEAR and ONE HALF (18 months) with proof of service. (AIT/Basic training and drill does not qualify) One must be active for at least 6 months to active duty)**
- Proof of extreme financial strain or hardship**

**How to access the Hands on Banking spending plan sheet:**

- Log on to [www.handsonbanking.org](http://www.handsonbanking.org).
- Click on the Adults course to the right.
- Click module (2) Money Management Tools and Tips.
- Review the six sub-modules beginning with (1) Be a Better Saver and ending with (6) Recap.

**Preparing a Spending Plan: Under the same module (2) Money Management Tools and Tips**

- Click sub-module (2) Control Your Finances with a Spending Plan.
- Use the next page arrow at the bottom right to proceed to page 3.
- Within page 3 you will need to click and drag the 6 components of a spending plan (in blue) and place them in the appropriate slot within the spending plan. e.g. Salary/Wages will be placed in the Monthly income box.
- Once you've successfully placed the 6 components in their proper categories click "Print" at the top right. This will printout a blank spending plan to be completed by you and sent in with the AFF grant application.

**Essential Needs\*\*\* (Items that we can help with):**

- Rent/Mortgage (Civilian housing only) – must be accompanied by a copy of mortgage statement with account number and billing address. If rental assistance is being requested, a copy of the rental agreement that has the name and billing address of the rental/lease company, monthly rent amount and your name is required.
- Utility bills (electric, gas, water, sewer)
- Housing and/or airfare for a family member to assist an injured or recovering service member
- Childcare during illness or surgery
- Car payments if it is the family's only means of transportation (proof of this is required)
- Car insurance

**Items that WILL NOT be considered for payment include but are not limited to:**

- Cell phone bills
- Personal loans
- Any and all forms of personal debt
- Medical bills/fees (mental health and dental included)
- Parking Tickets
- Cable /Satellite Television
- Relocation/moving Expenses
- Credit card reimbursement for military travel
- Car Repairs of any type.
- Airfare for vacations
- Personal credit cards
- Legal fees
- Airline tickets to visit family
- Child Support
- Storage units
- Furniture or appliances
- Military Housing if living on an installation

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**Armed Forces Foundation**  
**FAMILY ASSISTANCE APPLICATION**

RETURN COMPLETED FORMS TO:

910-401-1886 (e-fax)

[woneil@armedforcesfoundation.org](mailto:woneil@armedforcesfoundation.org)

NAME & RANK: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CURRENT RESIDENCE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILDREN (NAME & AGE): \_\_\_\_\_

BRANCH: \_\_\_\_\_ CURRENT STATUS: \_\_\_\_\_

TYPE OF INJURY: TBI  PTSD  OTHER  \_\_\_\_\_

DESCRIPTION AND LOCATION OF INJURY: \_\_\_\_\_

UNIT: \_\_\_\_\_ UNIT POC: \_\_\_\_\_

TIME SERVED: \_\_\_\_\_

LOCATIONS SERVED: \_\_\_\_\_

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SERVICE HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCOPE OF NEEDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER AGENCIES YOU HAVE CONTACTED OR RECEIVED AID: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL COUNSELOR AND NUMBER \_\_\_\_\_

WOULD YOU BE INTERESTED IN SHARING YOUR STORY? NO  YES

THIS INCLUDES TALKING WITH AFF'S PUBLIC AFFAIRS STAFF AND THE NEWS MEDIA TO PROMOTE THE MISSION OF THE FOUNDATION AND INCREASE OVERALL PUBLIC AWARENESS ON THE IMPORTANCE OF SUPPORTING THE AMERICAN MILITARY COMMUNITY.

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APPLICATION COMPLETED BY: \_\_\_\_\_

RELATIONSHIP TO SERVICE MEMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BEST TIME TO CONTACT YOU: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

**FINANCIAL SNAP SHOT (MANDATORY)**

*(PLEASE BE AS SPECIFIC AS POSSIBLE AND PROVIDE ANY SUPPORTING DOUCUMENTS, CURRENT COPY OF BILLS)*

NAME: \_\_\_\_\_

RANK, IF CURRENT ACTIVE DUTY: \_\_\_\_\_

IF PARENT: NAME AND RANK OF SOLDIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT MONTHLY INCOME: **(LIST ALL SOURCES OF INCOME INCLUDING PER DIEM, DISABILITY, SPOUSE'S PAY AND TSGLI PAYMENT)**


TOTAL: \_\_\_\_\_

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