



Louisiana Department of Veterans Affairs Military Family Assistance Fund

The Military Family Assistance Fund (MFA) was established in 2005 to help members of the Louisiana National Guard and Louisiana Military Reserves and their families to address financial hardships they may encounter when they are placed on active-duty status, post-9/11. While the MFA Fund continues to serve members of the LA National Guard/Reserves, in 2016, MFA was opened to all Louisiana Veterans and their families. The MFA Fund is a way for Louisiana citizens to help take care of Louisiana's service members, Veterans and their families.

The MFA Fund exists to assist military families that are experiencing undue financial hardship. The funds are to help Louisiana Veterans and their families in getting back on their feet. These funds can be used for things such as: housing, utilities, medical services, and other essential expenses that may have created an undue financial hardship. The MFA Fund can pay up to \$10,000 for one claim in a 12-month period.

The MFA Fund is funded through private donations by individuals and corporations.

Minimum Qualifications:

1. Must be a current member of the Louisiana National Guard or Reserves in good standing with their unit; OR be a Veteran of the Armed Forces of the United States (Army, Marine Corps, Navy, Air Force, Coast Guard, Louisiana National Guard or Reserves) who received a discharge of "Honorable" or "Under Honorable Conditions". DD214 and/or NGB22 is required.
2. The Veteran must have been a member of the US Armed Forces who has met one of the following conditions: Completed 24 months of continuous active-duty, other than active duty for training; Completed at least 90 days of active duty and has been discharged under the specific authority of 10 U.S.C. 1171 or 1173, or has been determined to have a compensable service connected disability; Received a discharge with less than 90 days of service for a service connected disability.
3. The Veteran or service member *must be a current resident of the State of Louisiana.*
4. The Military Family Assistance Program is a payer of last resort. All applicants shall seek or have sought assistance from other available sources prior to submitting an application to the MFA Fund for consideration.
5. **Submit a *complete* application with all required supporting documents. *Incomplete applications or applications without proper supporting documentation will not be considered.***

To learn more about how to apply for the MFA Fund or to donate:

Visit www.vetaffairs.la.gov

or

Contact the MFA Administrator, Holly Talley
(225) 219-5000 | Phone MFA@LA.gov | Email



Louisiana Military Family Assistance Program Application

All activities and distributions from the MFA Fund are governed by La R.S. 46:121-123 and the Louisiana Administrative Code (LAC) Rules contained in LAC 4:VII.961-987. All awards are need-based. Funds are for necessary expenses incurred or to be incurred. Necessary expenses must have created or be expenses that will create an undue hardship for Veterans, service members and their families. Undue hardship must be directly related to activation, if a current member of the Louisiana National Guard or Reserves. All awards are need-based.

Applicant Information:

Name: _____ Relationship to Veteran: _____
Home Address: _____ Parish: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Number of Dependents/Children in Household: _____ Ages of Children: _____
Marital Status: _____ Special Needs: _____

Veteran/Service Member's Contact Information: *(If Veteran or Service Member is not applicant)*

Email Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Veteran/Service Member Information: *(As it appears on DD214 or Military Orders)*

Last Name: _____ First Name: _____ Middle Initial: _____
Current LA Resident? Yes No Branch of Service: _____
Rank: _____ Total Years of Service: _____
Entered Service: ___ / ___ / ___ (Month/Day/Year) Exited Service: ___ / ___ / ___
Unit of Assignment: _____ Date of Activation: _____

Are you a current member of the LA National Guard or Reserves? Yes No

Military Unit Point of Contact for Verification: *(For Current Guard/Reserve/Active Duty ONLY)*

Name: _____ Rank/Title: _____
Email Address: _____
Work Phone: _____ Work Fax: _____

I attest that the information provided in this application is true and correct to the best of my knowledge. I understand that there is no guarantee my application will be granted. I also understand that if my application is granted, assistance will, in most cases, be paid directly to the service provider and not me.

Applicant Signature: _____ **Date:** _____

Please complete this form in its entirety. The information will be used to assess our ability to assist you.

Applicant Last Name: _____

Please explain: Specific amount needed? Why do you need assistance? Please list all other sources, such as insurance and military programs, to which you have applied. Attach additional paper, if needed.

Applicant Signature: _____ **Date:** _____

Examples of Eligible Expenses:

- Household Expenses: Mortgage, Rent, and *some* repairs for primary residence.
- Utilities: Electricity, Gas, Water, Sewage, and Garbage.
- Vehicle Expenses: Payments, Insurance, and *some* major repairs.
- Food and Clothing.
- *Some* Medical Expenses can be considered.
- Expenses determined to be a basic life need that creates an undue financial hardship.

Examples of Expenses NOT Eligible:

- Home purchases or home improvements.
- Income Property Expenses or Repairs.
- Credit Card Bills or Military Charge Cards.
- Payment of fines or legal expenses.
- Finance of leave or vacation time.
- Cable, Internet, or Secondary Phones.
- Cosmetic or Investigational medical procedures and expenses.
- Non-essentials for basic life needs

The eligible and ineligible expenses listed are not all inclusive. All applications are individually reviewed. The MFA Administrator, Committee and Board reserve the right to make exceptions on a case-by-case basis. Each application will be carefully reviewed for its own merits.

Please complete this form in its entirety. The information will be used to assess our ability to assist you.

Applicant Last Name: _____

Revised 29 November 2018

| Monthly Household Income: <i>(List all that apply)</i> | | | Average Household Monthly Expenses: | |
|---|-----------------|---------------|--|-----------------|
| | Veteran | Spouse | | |
| Monthly Income Earnings | \$ _____ | \$ _____ | Mortgage/Rent | \$ _____ |
| Monthly Military Salary <i>(If applicable)</i> | \$ _____ | \$ _____ | Electricity/Gas | \$ _____ |
| Social Security Income/ Disability | \$ _____ | \$ _____ | Water, Sewage, Garbage | \$ _____ |
| VA Pension or other VA Benefits | \$ _____ | \$ _____ | Food/Clothing | \$ _____ |
| Retirement Income | \$ _____ | \$ _____ | Vehicle Payment(s) | \$ _____ |
| Public Assistance (SNAP, etc.) | \$ _____ | \$ _____ | Insurance | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ | Other: _____ | \$ _____ |
| Total Household Income | \$ _____ | | Total Household Exp. | \$ _____ |

*Important: Must include **ALL** recurring monthly household income for Veteran/Service Member, Spouse, etc. Please include 2 most recent paycheck stubs and award letters for all other monthly amounts (SS, VA, etc.)*

List total amounts owed for each of the bills that you are requesting assistance to pay. Documentation is required to support the specific amount(s) being requested. Documentation includes, but is not limited to: copies of mortgage/lease, bills, invoices/receipts, repair estimates, cancellation notices, eviction/foreclosure/repossession notices, or any other similar records. Amounts requested will not be considered without **ALL required supporting documentation.**

| Expense | Amount Requested | Required Documentation |
|-----------------------------------|-------------------------|--|
| Mortgage/Rent: | \$ _____ | <input type="checkbox"/> Mortgage Statement; <u>OR</u> |
| Utilities: Electricity | \$ _____ | <input type="checkbox"/> Full Lease & Landlord Contact Info. |
| Utilities: Water, Sewage, Garbage | \$ _____ | <input type="checkbox"/> Most Recent/Current Utility Bill |
| Utilities: Gas | \$ _____ | <input type="checkbox"/> Most Recent/Current Utility Bill |
| Vehicle Payment: | \$ _____ | <input type="checkbox"/> Most Recent/Current Utility Bill |
| Insurance: | \$ _____ | <input type="checkbox"/> Most Recent/Current Statement |
| Medical Expense: | \$ _____ | <input type="checkbox"/> Most Recent/Current Statement |
| Repair: Household or Vehicle | \$ _____ | <input type="checkbox"/> Most Recent/Current Bill |
| Other: _____ | \$ _____ | <input type="checkbox"/> Repair Estimate or Invoice |
| Other: _____ | \$ _____ | <input type="checkbox"/> _____ |
| Total Amount Requested: | \$ _____ | <input type="checkbox"/> _____ |

Other assistance sought before applying to the MFA Fund:

| Source | Date Applied | Status | Amount Requested |
|---------------|---------------------|---------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please complete this form in its entirety. The information will be used to assess our ability to assist you.

Applicant Last Name: _____

I, _____, certify the information submitted within this application to be true and correct. By my signature, I authorize release of the privacy information to LDVA for verification purposes. I authorize access by the Louisiana Department of Veterans Affairs to my pertinent records, including information maintained within DEERS, or other privacy information for verification purposes. I understand that failure to provide complete information and/or supporting documentation will prohibit the processing of my MFA application.

If eligible to receive funds, I certify these funds will be used for the reasons indicated in my application. I understand that if my application is granted, assistance will, in most cases, be paid directly to the service provider and not to me. I promise to repay the MFA Fund if I receive payments from another source specifically to satisfy the need for which I am requesting MFA assistance. I understand that willfully and knowingly providing false information on this application could result in the denial of my application.

Applicant Signature: _____ **Date:** _____

Copies of the following documentation is **REQUIRED**:

- Copy of Veteran's DD214 or Discharge
- Proof of Relationship to *eligible* Veteran or service member for immediate family members *applying on Veteran's behalf*. (Copy of Marriage License, Birth Certificate, DEERS, or Power of Attorney).
- Copy of Valid Photo ID or Military/Dep. ID
- Proof of Current Louisiana Residency
- Current Leave/Earnings Statements or Proof of Total Household Monthly Income.
- The Military Family Assistance Fund is a fund of last resort.*** All applicants shall seek assistance from other available sources prior to making an application to the MFA Program. All applicants should show proof of applications submitted to other sources and disclose amounts received.
- Current* statements for bills, rent/mortgage, and foreclosure, eviction, and disconnection notices for items with which you need help.
- Repair or other estimates, if seeking assistance with a repair/replacement.
- Guard/Reserve or Active Duty Service Members* MUST provide a copy of military orders, if hardship is created by activation.

All applicants shall provide the required documentation listed above and any additional documentation that may be requested by the MFA Administrator, Committee or Board. Failure to provide this information within the requested time frame may result in denial of the application.

Application mailed must contain APPLICANT'S ORIGINAL SIGNATURES where requested.

Please mail completed application, with all REQUIRED supporting documentation to:

**Louisiana Departments of Veterans Affairs
ATTN: MFA Administrator
P.O. Box 94095
Baton Rouge, Louisiana 70804-9095**

Please complete this form in its entirety. The information will be used to assess our ability to assist you.

Applicant Last Name: _____