



FINANCIAL ASSISTANCE APPLICATION

The oldest and most honored creed in the armed forces is that “the Military always takes care of its own”. It is for this reason that the Military Family Support Trust (MFST) was formed.

Priority of financial assistance grants will always go to Florida resident(s) with the most limited resources and/or severe set of circumstances.

MFST is a non-profit, charitable, organization founded by retired military officers to provide financial assistance to certain needy individuals and their families. These include active duty, retired, reserve and former military (E-5 and above, GS-7 and above); their spouses, surviving spouses and the dependent children. The money is available as a grant for such items as subsistence, housing and health care. The aid will be in the form of a one-time grant. Currently, one-time grants are usually made for \$500-\$2000.

If you need financial assistance and meet the eligibility criteria on the reverse side of this form, please complete the application so that your request might be considered. When completed return to:

Executive Director
Military Family Support Trust
1010 American Eagle Blvd., Suite 400
Sun City Center, FL 33573

Your application will be reviewed by the MFST Financial Assistance Committee. Confidentiality will be maintained at all times.

Due to the makeup of our organization, we cannot make immediate or emergency grants. Our average reaction time is two – three weeks.

Call: 813-634-4675 should you have any questions

Email: manager@mfst.us

Web: www.mfst.us

**MILITARY FAMILY SUPPORT TRUST
FINANCIAL ASSISTANCE APPLICATION**

NAME: _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

TELEPHONE: _____ EMAIL ADDRESS: _____

NOTE: Our processing will require 2-3 weeks. Do not apply if there is a shortage of time.

ELIGIBILITY CATEGORY: (CHECK QUALIFIERS)

- Active Duty Retired Honorably Separated
- US Army, Navy, Air Force, Marine Corps, Coast Guard, PHS, NOAA
- World War II, Merchant Marines
- Purple Heart Recipient
- Spouse of above qualifier
- Child of above qualifier
- Rank or Pay Grade Qualifier _____

SEND PROOF OF ELIGIBILITY (Samples: copy of DD214, or other official orders, or verifiable documents)

NET CASH FLOW/MONTH (Total Income minus Total Expenses from attachment)

Income + \$ _____
Expenses - _____
Cash Flow = \$ _____

NET WORTH (Assets minus Liabilities from attachment)

Net Worth \$ _____

REQUESTED Amount of one time grant

\$ _____

Justification Statement of 400 words or less must be attached. Must be legibly written or typed.

DOCUMENTS REQUIRED

- 1) This page signed 2) Asset/Liability Statement 3) Income/Expense Statement 4) Eligibility Proof 5) Copy of most recent IRS Tax submission 6) Justification Statement

CERTIFICATION: I certify that the above information is accurate to the best of my knowledge and that it may be verified.

SIGNATURE _____ **DATE** _____

SPOUSE SIGNATURE _____ **DATE** _____

For additional information or answers to any question, call MFST office (813) 634-4675
(All information provided is treated confidentially within MFST.)

NAME (including spouse) _____

INCOME AND EXPENSE STATEMENT

(Estimates acceptable where necessary)

INCOME

SERVICE RELATED (or spouse) Monthly Retired Pay \$ _____ Soc. Sec. Pmt \$ _____

Other Income (annuity, charitable assistance, disability, etc.) \$ _____

NON SERVICE RELATED EMPLOYMENT

EMPLOYER _____ ADDRESS _____

HOW LONG AT FIRM? _____ POSITION _____ MONTHLY SAL. \$ _____

IF MARRIED SPOUSE

NAME _____ DOB _____

EMPLOYED BY _____ ADDRESS _____

HOW LONG AT FIRM? _____ POSITION _____ MONTHLY SAL. \$ _____

Applicant monthly income \$ _____

Spouse monthly income \$ _____

Other sources of income _____

TOTAL MONTHLY INCOME \$ _____ (enter on page 1)

EXPENSES

Home
(Rent or Mortgage) \$ _____/month

Utilities _____/month

Food _____/month

Phone Bill _____/month

Personal hygiene/laundry _____/ month

Transportation

Vehicle Payment \$ _____/month

Insurance _____/month

Gas _____/month

School

Books \$ _____/month

Tuition _____/month

Other _____/month

TOTAL MONTHLY EXPENSES \$ _____ (enter on page 1)

NAME (including spouse) _____

ASSETS and LIABILITIES
(Estimates acceptable where necessary)

Home	_____	Mortgage	_____
Auto	_____	Auto	_____
Furniture	_____	Equity Loan	_____
Computer	_____	Credit Cards	_____
TV, Stereo, Etc.	_____	Student Loans	_____
Lawn Equip.	_____	Taxes	_____
Tools	_____	Other Debts	_____
Other	_____		
Check Acct	_____		
Save Acct	_____		
Bank CDs	_____		
Stocks/Bonds	_____		
IRA Account	_____		
Life Insurance	_____		

NET ASSETS _____
(Column Total)

NET LIABILITIES _____
(Column Total)

NET WORTH (Net Assets minus Net Liabilities) _____ (enter on page 1)

GRANT QUESTIONNAIRE SUPPLEMENT

Please address each question and attach to the completed application along with the Income/Liability Statement; Asset/Liability Statement; last files IRS Tax Form (first two pages only); and Eligibility Proof.

1. What is the purpose/use for this financial grant?
2. What have you done YOURSELF to meet this financial need?
3. Describe any assistance you sought from family/friends to meet this financial need?
4. What have you sought in assistance from other benevolent organization? Who were they? Results?
5. How did you find out about the MFST grant program?