APPLICATION FOR MILITARY FAMILY FINANCIAL AID

For use of this form see the WI Department of Military Affairs State Budget and Finance Office.

REFERENCE NO. (*MFFA Use Only*)	DATE RECEIVED (*MFFA*)

1. APPLICANT INFORMATION

a. NAME (*Last, First, Middle*)	b. ADDRESS (*Street, City, State, Zip Code*)
c. PHONE NUMBER (*Include area code*)	d. RELATIONSHIP TO SERVICEMEMBER

2. SERVICEMEMBER INFORMATION

a. NAME (*Last, First, Middle*)	b. LAST FOUR SSN	c. GRADE

d. STATUS

☐ RESERVE ☐ TECH ☐ AGR ☐ ACTIVE

e. BRANCH

☐ USA ☐ USAF ☐ USN ☐ USMC ☐ USCG

f. ETS DATE	g. UNIT / UNIT ADDRESS / UNIT PHONE NUMBER (*All information required*)

3. POWER OF ATTORNEY ☐ YES ☐ NO

4. BANKRUPTCY FILED OR PENDING ☐ YES ☐ NO CHAPTER:

5. INDIVIDUALS FOR WHOM THIS APPLICATION APPLIES (*Adults and minors*)

a. NAME	b. AGE	c. RELATIONSHIP TO SERVICEMEMBER

6. REASON WHY ASSISTANCE IS NEEDED (*Be complete and specific. If more space is needed, continue on separate sheet.*) / ATTACH COST ESTIMATES

7. AMOUNT OF PRIOR HARDSHIP DISBURSEMENTS	8. SOURCE OF PRIOR HARDSHIP DISBURSEMENTS
$	

9. LIST YOUR SPECIFIC EMERGENCY FINANCIAL NEEDS

$ _____

TOTAL $ _____

10. INDEBTEDNESS (*Continue on separate sheet*)

a. TO WHOM	b. DATE INCURRED	c. ORIGINAL AMOUNT	d. MONTHLY PAYMENT

11. APPLICANT'S CERTIFICATION

I certify the information provided on this application is complete, true and correct.

a. SIGNATURE OF APPLICANT	b. DATE

DMA Form 1103, OCT 2011 (Modeled after DA Form 1103, Sep 94)

Created with MS Word 2007

12. REMARKS *(Military Family Financial Aid representative record all pertinent information pertaining to application. If applicant's budget information is needed, use budget planning sheet.)*

13. ACTION BY APPROVAL AUTHORITY

a. ☐ APPROVED

☐ DISAPPROVED. APPLICANT HAS BEEN APPRISED OF REASONS WHY THIS REQUEST WAS DISAPPROVED.

b. AMOUNT APPROVED $	c. GRANT AMOUNT $
d. NAME OF APPROVAL AUTHORITY	e. POSITION

14. ACKNOWLEDGEMENT OF ASSISTANCE

a. I acknowledge receipt of a GRANT in the amount of

$ _____ by check number _____ .

b. SIGNATURE OF APPLICANT	c. DATE