



NMADA

OPERATION HOME FRONT

Charitable Welfare Fund

3815 Hawkins Street, NE
Albuquerque, New Mexico 87109
Phone 505-345-6060 • Fax 505-345-1221

APPLICATION FOR BENEFITS OF FINANCIAL AID

Operation Home Front is a non-profit organization whose purpose is to help support qualifying National Guard and Reserve Soldiers, Sailors, Airmen, and Marines that have been ordered to Active Duty as a result of the terrorism brought against the United States on 11 September 2001. Operation Home Front is based solely on donations and will provide monetary assistance to qualified New Mexico National Guard and Reservists as long as resources are available or as long as the war on terrorism continues.

Eligibility:

1. Military pay grade E-3 through E-6, and is a documented *hardship* case. Operation Home Front will review each hardship case submitted.
2. Activated to extended Federal Military Service to support the United States fight against terrorism since 11 September 2001.
3. Suffered a 20% or more loss of monthly income as a result of being ordered to active duty.
4. Must be able to provide proof of pre-activation income, expenses and available cash reserves.
5. Live and work in the state of New Mexico at time of activation.
6. Demonstrated need due to financial hardship and distress.

Benefit: Approved applicants may receive up to 50% of the difference in lost income caused by the applicant being activated to military service (not to exceed \$500 a month). Difference will be determined by subtracting monthly Military Pay (including benefits) from monthly civilian income (including benefits).

Example:	Monthly Gross Income prior to 11 September 2001 (including monthly Guard or Reserve check)	\$3,500
	Monthly Gross Income since activation.	<u>\$2,000</u>
	DIFFERENCE	- \$1,500
	50% x \$1,500 = \$750.00	
	BENEFIT = \$500 (Not the \$750 because \$500 is max. benefit)	

APPLICANT INFORMATION: (print or type)

NAME: (LAST) _____ (FIRST) _____ (M.I.) _____

SS# _____ DOB: _____

RANK & PAY GRADE: _____ Date of Rank _____

Pay Entry Basic Date: _____ E.T.S. _____

Date Ordered to Active Duty: _____

Order # and Issuing Organization (attach copy): _____

Length of Activation specified on activation order: _____

Unit Assigned Prior to Activation: (name) _____
(address) _____
(City, State & Zip) _____

Home Address: (home of record) _____

Phone Number (____) _____

Applicant's New Military Address: _____

Name and Address Where Check should be Sent:

PRIOR CIVILIAN EMPLOYMENT INFORMATION:

Employer prior to activation (Name, Address and Phone Number)

How long have you been employed there? _____
Monthly Income from this place of employment _____ or hourly rate _____ and average number of hours
worked per week _____.

Person that can verify employment and monthly income:
(name) _____ (phone number) _____
(address) _____

MUST attach three current pay stubs or similar proof of income from civilian jobs.

Did you have a second civilian job? ____ Yes ____ No

If yes, provide same information as above on a separate sheet for additional employment and income and attach. If you were self-employed, you will have to provide financial records that verify your monthly or annual income.

Do any of your civilian employers continue any pay during your Military Activation? ____ Yes ____ No

If Yes, Monthly Amount _____

CURRENT MILITARY PAY:

Monthly Basic Pay: _____
Housing Allowance: _____
Subsistence: _____
Other: _____
Total Military Monthly Pay: _____

Attach copy of current Leave and Earning Statement to verify information.

OTHER INFORMATION:

Marital Status: Single _____ Married _____ Divorced _____
Number of Dependents _____

OTHER INCOME: _____

Include spousal wages if applicable. Attach documentation.

MONTHLY EXPENSES: _____

Attach documentation

AVAILABLE CASH & SAVINGS RESERVE: _____

Attach documentation

INFORMATION ON HARDSHIP AND DISTRESS.

Please attach a statement explaining the hardships and distress incurred by you and/or your family due to your military deployment.

I, _____, certify that the above information provided by me is true and correct and hereby apply
(printed name)
for the Operation Home Front charitable payment due to financial hardship and distress.

SIGNATURE: _____ DATE: _____

Privacy Notice

In connection with your request, NMADA Operation Home Front Charitable Welfare Fund may acquire information about you as described in this notice, which we handle as stated in this notice.

1. We collect nonpublic personal information about you from the following sources:
 - Information we receive from you on applications or other forms;
 - Information about your application with us;
2. We do not disclose, nor do we reserve the right to disclose, any nonpublic personal information about our applicant to anyone, except as permitted by law. We may disclose nonpublic personal information about you, as an applicant, to nonaffiliated third parties as permitted by law.
3. We restrict access to nonpublic personal information about you to those employees or other persons necessary to facilitate the review of your application and/or the dispersal of funds upon acceptance of your application.

APPLICANT ACKNOWLEDGMENT: I (we) acknowledge that I (we) read and accept the terms of this privacy notice.

Applicant Signature

Date

Applicant Name (printed)

Legal Designee Signature

Date

Legal Designee Name (printed)