



EANGUS

We Care for America

Verification Form for National Guard Soldiers and Airman

Date:	Is this request due to COVID-19?	Yes	No	if no, not eligible for grant
Applicant Last Name:	First:	Middle:	Suffix:	
Street Address:	Military Status:		Rank:	
City	State:	Zip:	AGR/Technician/T-5 Traditional/M-Day NG Veteran - must be honorably discharged	Retired NG NG Veteran
Reason for Grant Request				
<p>Did the applicant, spouse or significant other, or other household member suffer loss of employment or reduced wages due to COVID-19? Yes No If yes, Who: Applicant Spouse/Significant Other</p> <p>If yes, please explain who lost their employment or had reduced wages, and effect it had, i.e. length of time, effect</p>				
The intended purpose of this Grant is for:				
Mortgage/Rent	Personal Emergency	Transportation	Utilities	
Medical/Dental Expenses	Child Care	Car Repair	Other	
Based on the information provided, do you believe this applicant should be considered for a grant Y N				
Please provide any additional comments/info regarding the applicant's COVID-19 related financial need or situation:				
National Guard Service Verification:				
If currently serving in the NG, what is the applicant's Unit of Assignment:				
If retired or former member of the NG, did you see a document confirming previous National Guard service? Yes No				
Document:				
Verification must be completed by a Unit CC, Bn CSM, CCM, First Sergeant, or Family Programs				
Personnel Verification Completed By:				
Your name and rank:	Email:			
Position Title:	Phone number:			
Date completed:				
I have completed this Verification Form accurately and to the best of my ability. I believe the applicant was truthful in stating their COVID-19 related financial need and I have verified they are a current or former member of the National Guard.				
Signature (Digital is preferred)				