

**ILLINOIS MILITARY FAMILY RELIEF FUND (IMFRF) APPLICATION (NG/RESERVE)**

If you need assistance completing the application please call within Illinois 1-866-524-ILNG (4564) or 217-761-3452 from anywhere (DSN 555-3452)

**STATE ACTIVE  
DUTY  
Applicants Only**

**Mail To:**

Illinois Department of Military Affairs  
ATTN: IMFRF Coordinator  
1301 N. MacArthur Blvd.  
Springfield, IL 62702-2399

**PLEASE PRINT LEGIBLY**

**The address provided will be the check mailing address. PLEASE ALLOW 4-6 WEEKS FOR PROCESSING.**

**MILITARY MEMBER'S INFORMATION**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: (Nine Digits if available) \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

COMPONENT: \_\_\_\_\_ PAY GRADE: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME STATION UNIT OF ASSIGNMENT: \_\_\_\_\_

(Where you would normally drill when not on active duty.)

EMAIL ADDRESS: \_\_\_\_\_

**APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)**

***(If applicant is not the service member's spouse, applicant must include a copy of a Power of Attorney OR Custodial Agreement for the service member's minor child)***

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP TO MILITARY MEMBER: \_\_\_\_\_

1. I certify that the service member listed above is/was an Illinois National Guard member.
2. I certify the above information is true and correct.
3. I certify that I have performed a minimum of 30 consecutive days of State Active Duty on or after 1 January 2015.
4. I authorize verification/release of the information I am providing on this application. I authorize the State of Illinois and the Illinois Department of Military Affairs access to pertinent records, including information maintained in DEERS, REDD or other automated systems, as may be necessary to evaluate my application.
5. Disclosure of information on this form, including social security numbers, is voluntary. **Failure to provide the requested information will prohibit the processing of this grant application.**
6. In accordance with applicable laws, the State of Illinois and the Illinois Department of Military Affairs will maintain confidentiality regarding the application and any grant given or denied, except as required to process this or subsequent applications, or as otherwise required by law.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Must Contain Handwritten Signature – unsigned applications are unacceptable)

**TO BE COMPLETED BY MILITARY UNIT COMMANDER/POINT OF CONTACT - CERTIFICATION OF STATE ACTIVE DUTY PERFORMED:**

I certify that the above named individual is performing (or has performed) a minimum of 30 days of State Active Duty which began on \_\_\_\_\_. Attached is a copy of the members' State Active Duty Notification.

PRINTED NAME OF VERIFYING OFFICER: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**SIGNATURE OF CERTIFYING OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Must Contain Handwritten Signature – unsigned applications are unacceptable)

**CHECK TYPE(S) OF GRANT(S) REQUESTED:**

The checklist below is intended to ensure applicants meet all basic eligibility criteria and to ensure that all required documents to process the application are included.

<input type="checkbox"/>	<b><u>STATUS BASED GRANT -- FLAT RATE OF \$500 – YOU MUST INCLUDE ALL OF THE FOLLOWING</u></b>
	<input type="checkbox"/> Must be a member of the Illinois National Guard.  <input type="checkbox"/> Attach a copy of service member's State Active Duty Order if issued reflecting at least <b><u>30</u></b> consecutive days.  <input type="checkbox"/> A copy of a pay stub from State Active Duty reflecting at least <b><u>30</u></b> days State Active Duty Pay.