



IDAHO GUARD & RESERVE FAMILY SUPPORT FUND APPLICATION

The Idaho Guard & Reserve Family Support Fund (IGRFSF), Inc. is a private, non-profit, tax-exempt charitable organization. The Fund is an independent organization closely affiliated with the Idaho Military Division and the office of the Governor. The IGRFSF emergency financial assistance is provided as either an interest-free loan, a grant, or a combination loan and a grant. It has been set up to assist Service Members and their dependents in time of emergency financial need. *Emergency Financial needs are conditions that arise **suddenly**, are **unforeseen**, **urgent**, and require immediate attention.* Determination of application approval/denial is made by the IGRFSF Standing Fund Committee. Applications must be submitted on this form with supporting documents for review by the IGRFSF Committee. *Submission of an application does not automatically qualify you to receive assistance.*

IGRFSF Eligibility Criteria:

All Service Members in good standing with the Idaho National Guard or Reserves are eligible to receive financial assistance from the Idaho Guard & Reserve Family Support Fund. Questions regarding eligibility can be directed to the local Military & Family Readiness Specialist (MFRS).

IGRFSF Application Directions:

This application is the standard form to apply for financial assistance from the Idaho Guard & Reserve Family Support Fund, Inc. Requests will require supporting documentation prior to submitting to the IGRFSF Board for consideration. This application is in PDF format, and it is recommended that Adobe Acrobat PDF Reader is downloaded if the applicant does not have it. Adobe Acrobat is a free application and can be downloaded here:

Adobe Acrobat Reader
Computer



Adobe Acrobat Reader
Mobile



Adobe Scan for
Mobile



Directions for filling out the application are located below. Additional assistance in filling out this form can be received by contacting your local Military & Family Readiness Specialist (MFRS).

INSTRUCTIONS FOR FILLING OUT THE IGRFSF FORM

Signatures – Service Member must use CAC or ‘Wet Sign’ this document. Typing Service Member’s name will cause delays in processing application. Co-Applicant’s that are applying on behalf of a Service Member must have a POA and ‘Wet Sign’ the application.

Submitting the Application – Applicants will submit completed form to their MFRS liaison. Submissions can be the original PDF file filled out (preferred), or scanned or photographed and emailed. Please ensure image resolution is legible.

Page 1 Review information on Eligibility Criteria, Disclosures and Delinquent Loan Collection Process and Sign at Bottom.

Page 2 – Service Member/Co-Applicant/Dependent Information

Service Member will fill out sections 1, 2, 3, 4, and 10.

If filled out by Spouse/Dependent, sections 1, 2a, 2d, 2e, 3a, 4g, 5, 6, 7, 8 (if applicable), 9 (a copy of the PoA must be submitted with application if Service Member is unavailable for signature), and 10.

If Service Member and Spouse’s last name don’t match, please provide a copy of the marriage certificate.



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Page 3 – Finances

Service Member will fill out sections 11, 13, 14, 15, 16, and 17.

Spouse/Dependent will fill out sections 11, 12, 13, 14, 15, 16, and 17.

If you have a 'Final Notice' for any bill that you are providing, please select 'Yes' in the appropriate drop-down

If the bill has 'Past Due' or 'Penalties' due to bills being late, please select 'Yes' in the appropriate drop-down.

*If additional space is required for block 17 - Emergency Financial Needs please use the provided attachment with more space. If attachment is used, please check the 'Continuation Page Needed' and transfer the total from the continuation page to the application in the space provided at the bottom of block 17.

Page 4 – Projected Monthly Income

Please include Drill pay here; all other income fields auto fill from page 3.

All bills (boxes have drop down items, but you can type in other items) will be annotated here. Bills maybe listed in multiple locations, enter a bill only once. This will reflect the current month with the financial emergency. Amounts entered are the monthly amount, or amount due with missed past payments, but not the total balance due if it's a loan (auto loans, credit cards ect.).

If you cannot locate a specific bill, there is an index of the drop-down options in the Attachments or enter it under the general category in 'Misc./Other'.

LOANS - please enter monthly amount due, not total balance of the loan.

The Yellow buttons at the bottom of the sheet will clear those specific portions of the sheet.

The Orange button at the bottom of the sheet will clear all entries on this specific sheet (page 4)

Page 5 – Explanation of Financial Need

Detailed narrative of situation that has caused your emergency financial need. Please be sure to include the following:

1. What is/has happened financially due to the circumstances. How have you allocated the monies you do have to pay your expenses, and what you are missing.
2. What a 'normal' month looks like financially.
3. What you are asking for (amount)
4. Your proposed repayment plan if requesting a loan.

If you require additional space for your narrative, please select 'Yes' at the bottom of the narrative box. An additional sheet is located on the right of the document. If not seen look for the right pointing arrow, click on it, a side window will open, then click on the paperclip. Select IGRFSF Narrative Cont. Pg this will open in a new document. You will have to save this separately and attach to the email to the MFRS.

Finally read the authorization and Release statement and sign.



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Required supporting documentation and definitions:

BILL – Will show the following information:

- 1.) Name of person responsible for payment.
- 2.) Account number used to track information by lender/utility/management company.
- 3.) Amount owed.
- 4.) Mailing address for check to be sent.

All requested assistance must have a statement that has the following criteria:

- a. Be **within 30 days of the bill's date** (NOT the due date)
- b. Be **in the service member's name** (or spouse)
- c. Have an **account #**
- d. Have a **pay-to address**.
- e. Show the **amount due** (current and past due)
- f. If we can get the statement stub (see Idaho Power bill below), that meets requirements for where to pay.
- g. A full bill is best (see Idaho Power bill below, it has all pages and all requested information).
 - i. And with Phone bills please annotate who is using what lines (ie. If the kids have a line – which one).

DEPENDENT – Person who is listed in DEERS as eligible to receive service-connected benefits due to familial relationship to a Service Member, either current or prior.

SUPPORTING DOCUMENT – Shows information relevant to a claim made by the applicant. Bills will be the most common supporting document attached to the application.



Bill presented must be within 30 days of this date.

NOT this date

Shows amount due

PAGE 1 OF 2

Billing Date 01/23/2024
Print Date 01/24/2024

Due Date
02/07/2024

Amount Due
\$25.23

Service Member's Name

Account Number: [Redacted]

Previous Balance	\$21.85
Payments Received - Thank You	- \$21.85
Balance Forward	\$0.00
Current Charges	\$25.23
Account Balance	\$25.23

Recent Changes to Your Rates

The Idaho Public Utilities Commission approved an average increase of 5.52 percent in your 101 electricity rates. You will see this change beginning January 1, 2024. For more information, please visit idahopower.com/rates.



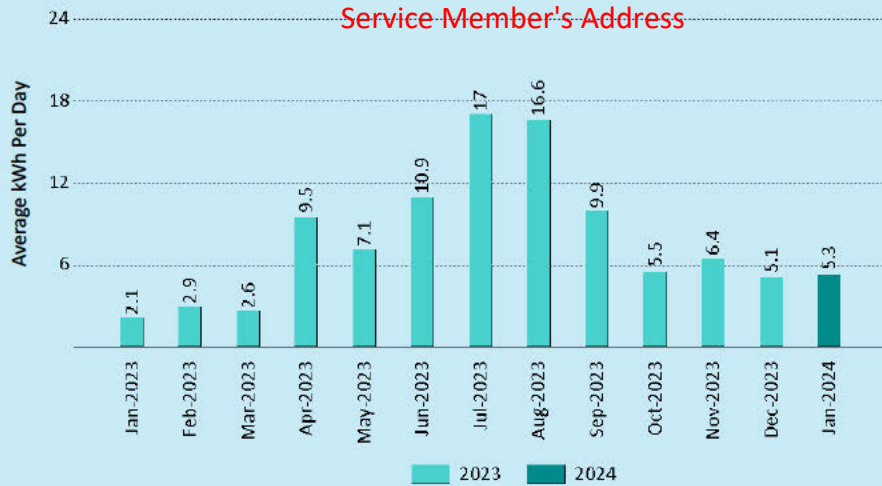
Thank you for using Auto Pay!

Your payment is scheduled to be deducted from your financial institution on 02/07/2024. This bill is for your records.



NOTE: Any unpaid balance may be assessed a monthly charge of 1 percent.

Average Daily Energy Use for [Redacted]



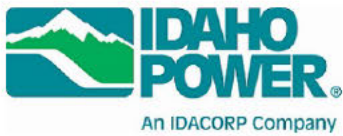
Service Member's Address

BPA Credit

Beginning January 1, 2024, the Bonneville Power Administration (BPA) credit has changed to .3447 cents per Kilowatt hour. This credit provides eligible customers access to low-cost power from the Federal Columbia River Power System. For more information, visit idahopower.com/bpacredit.



PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



P.O. BOX 70, BOISE, ID 83707
208-388-2323

Address/Phone Correction and/or Project Share Pledge noted on reverse side

Pay To Address

[Redacted]

Account Number [Redacted]

Due Date

Amount Due

Amount Enclosed \$ _____

Returned payments may be resubmitted electronically, and a \$20 returned payment fee would be assessed for any unpaid items.

This section contains all billing requirements

This section is the 'statement stub' mentioned above.

Service Agreement Number	[REDACTED]	Service Period	12/21/23 - 01/19/24 (30 days)
Service Address	[REDACTED]	Next Read Date	02/20/2024
		Description	NA

Meter Number	Previous Reading	Current Reading	Energy Used (kWh)	Reading Type
[REDACTED]	47817	47977	160	Regular

SERVICE DETAILS (Residential Standard Plan Schedule 01)

Service Charge, 11 days	\$1.83
Service Charge, 19 days	\$6.33
Non-Summer Energy Charge 59 kWh @ \$0.080390 per kWh, 11 days	\$4.74
Non-Summer Energy Charge 101 kWh @ \$0.088958 per kWh, 19 day	\$8.98
Power Cost Adjustment, 11 days	\$1.23
Power Cost Adjustment, 19 days	\$0.99
Fixed Cost Adjustment, 11 days	\$0.26
Fixed Cost Adjustment, 19 days	\$0.44
Franchise Fee 1.50% Paid to Your City, 11 days	\$0.12
Franchise Fee 1.50% Paid to Your City	\$0.25
Energy Efficiency Services	\$0.56
Federal Columbia River Benefits Supplied by BPA, 11 days	-\$0.15
Federal Columbia River Benefits Supplied by BPA, 19 days	-\$0.35
Current Charges - Electric Service	\$25.23

NOTE: For an explanation of these charges, go to idahopower.com/billglossary.
 kWh = Kilowatt-hour

Moving? Contact your Customer Care team at least two business days before you want to end service.

NEW CONTACT INFORMATION FOR ACCOUNT NUMBER 2207889490
 Has your address, phone number or email changed? Provide changes below.

Name _____

Street _____ Apt./Suite _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Project Share



Help neighbors in need with energy costs.

- I pledge \$ _____ on my monthly bill.
- Round up my monthly bill amount to the nearest dollar.
- I would like to make a one-time donation of \$ _____

For more information, visit idahopower.com/projectshare.

Thank you!