

WYOMING MILITARY ASSISTANCE  
TRUST FUND  
**GRANT PACKAGE**

8 PAGES TOTAL  
(INCLUDES COVER)

Note: Grants are for emergencies only and will be given to Service members/Families whose financial hardships are related directly to a state or federal deployment.

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February 4 2009

## **WYOMING MILITARY ASSISTANCE TRUST FUND** **APPLICATION COMPLETION INSTRUCTIONS**

**Grants are for emergencies only and will be given to Service members/Families whose financial hardships are related directly to a state or federal deployment.**

Please complete the attached **WY MILITARY ASSISTANCE TRUST FUND APPLICATION** thoroughly which is pages 2 and 3. Providing a complete application will assist in avoiding delays in processing the application.

Page 4 is the **WY MILITARY ASSISTANCE TRUST FUND CONSENT AND AUTHORIZATION TO RELEASE INFORMATION**. Simply print your name where indicated, and date and sign.

Complete page 5, **REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (WOLFS-109a)** Areas highlighted in **yellow** are required.

Page 6 is a **FINANCIAL MANAGEMENT PLAN** (budget sheet) that must be completed in its entirety. **If you previously received a grant you are required to contact LifeWorks through Military One Source.** LifeWorks will provide you with a Financial Consultant to examine and review your Financial Management Plan with you. LifeWorks may be reached by calling toll-free 1 (800) 342-9647. LifeWorks will be contacted to assure this step has been completed prior to approving your grant.

**If you have previously received a grant** you must complete the lower portion of this form along with reviewing your Financial Management Plan with LifeWorks at Military One Source.

To expedite the processing of the application please carefully review the following information:

- a. For **ANY** repairs (home, auto, emergency travel, etc), please provide an official estimate of cost for labor and materials.
- b. If you have a current copy of the military member's Leave & Earnings Statement, please submit with application.
- c. Please submit a copy of the military member's active duty order with the application.

After the grant proceeds have been received by you and payment made to creditor, **complete the Receipt Verification form** which is page 7 and submit it along with copies of the paid receipts to the Family Program Office, 5500 Bishop Blvd., Cheyenne, WY 82009 or fax to (307) 772-5153.

**Failure to comply will disqualify you from further financial assistance.**

Assistance with completing the application may be obtained by contacting these offices:

WY NG State Family Program Director – (307) 772-5208  
WY NG Family Assistance Center Supervisor – (307) 772-5099  
WY ANG Wing Program Coordinator – (307) 772 – 6063  
WY NG Family Readiness – (307) 772-5197

# Wyoming Military Assistance Trust Fund

## Application for Emergency Assistance

Note: Grants are for emergencies only and will be given to Service members/Families whose financial hardships are related directly to a state or federal deployment.

Date: \_\_\_\_\_

**Military Member Name: (Please Print)** \_\_\_\_\_

Last First MI

SSN: \_\_\_\_\_ Grade: \_\_\_\_\_ ETS: \_\_\_\_\_ AGR:

Branch: \_\_\_\_\_ Component: \_\_\_\_\_

Activated: \_\_\_\_\_ Unit: \_\_\_\_\_

Start date of mobilization/deployment orders: \_\_\_\_\_

Guard and reserve members must attach a copy of the activation orders:

E-mail address: \_\_\_\_\_ Length of active duty: \_\_\_\_\_

Pending disciplinary action/separation? Yes \_\_\_\_\_ No \_\_\_\_\_

Dependents for whom you furnish support:

Name	Age	Relationship

**Payee's Name:(Military Member or Dependant)** \_\_\_\_\_

Last First MI

SSN: \_\_\_\_\_ (same as on Wolfs 109 form)

Relationship to the military member \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_ Times: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Power of Attorney: Yes \_\_\_\_\_ No \_\_\_\_\_

Bankruptcy filed or pending: Yes \_\_\_\_\_ No \_\_\_\_\_

Chapter type: \_\_\_\_\_

Change in income: \_\_\_\_\_

Change in employment status: \_\_\_\_\_

Specific reason assistance is needed: \_\_\_\_\_

How was this caused by military member's active status? \_\_\_\_\_

List other sources of assistance contacted (i.e. Veterans Groups, AER, Air Force Aid, United Way, etc.)

List assistance received in the past 12 months (include date & amount) \_\_\_\_\_

What is the amount you are requesting? \_\_\_\_\_

### Applicant's Certification

Intentionally providing false information is subject to penalties under state, federal and/or UCMJ as applicable. The information in this application and receipt of subsequent assistance is confidential. I shall not disclose the details of assistance received through this program.

I certify the information provided on this application is complete, true, and correct and that that in my opinion, is a last resort.

I understand that the grant payment process takes approximately 7 to 10 days after the application has been processed and approved.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Action by Approving Authorities

Approved Assistance amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved Individual informed of reasons why request was disapproved Yes \_\_\_\_\_ No \_\_\_\_\_

Signatures of approving authorities:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Position: \_\_\_\_\_

Military review by: \_\_\_\_\_ Rank: \_\_\_\_\_ Position: \_\_\_\_\_

Notes: \_\_\_\_\_

**WYOMING MILITARY ASSISTANCE TRUST FUND**

**CONSENT AND AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ (Print Name), hereby authorize and consent to the release of financial and military information from any entity to the Wyoming Military Department and its agents for its use in connection with my request for financial assistance.

I understand this consent and release for information is voluntary and that all information obtained will be used only for determining eligibility for, and administration of, financial assistance. I also understand failure to provide this consent and release may result in disapproval of my application for assistance.

I understand I may revoke this authorization at any time, except to the extent that action based on this consent and authorization has already been taken. This consent and authorization will expire automatically six months from the date it is signed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**If you have previously applied for a grant through the Wyoming Military Trust Fund you are required to talk to a Financial Consultant with LifeWorks through Military One Source. They may be contacted toll free 1 (800) 342-9647. After financial consultation complete below:**

I have previously applied for a grant through the Wyoming Military Trust Fund on \_\_\_\_\_ (Date.) I understand that this consent form will be used to verify that I have discussed my Financial Management Plan (budget) with LifeWorks through Military One Source.

On \_\_\_\_\_ (Date) I talked to \_\_\_\_\_ (Name) a Financial Consultant with LifeWorks. I authorize LifeWorks and Military One Source to verify this information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



# STATE OF WYOMING WOLFS-109(a)

The State of Wyoming must have a properly completed form before payment will be made.

**PLEASE RETURN THIS FORM TO  
STATE AGENCY CONTACT**

## STATE AGENCY INFORMATION

Agency #, Agency Name, Contact Name,  
Title, Address; Phone #

007 Military Department  
5500 Bishop Blvd  
Cheyenne, WY 82009  
Misty Malmborg  
(307) 772-5498

Print or type - See Specific Instructions on page 2. The State Auditor's Office has adopted the W-9 Form, adding a Wyoming heading and Part III for EFT payment.

Name (as shown on your income tax return)	
Business name, if different from above: N/A	
Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ----- <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
Address (number, street, and apt. or suite no.)	
City, state, and ZIP code	
Type of Business N/A	
<b>PART I</b>	<b>Taxpayer Identification Number (TIN)</b>

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.  Note. If the account is in more than one name, see the chart on pages 3 and 4 for guidelines on whose number to enter.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;">Social security number</td> </tr> <tr> <td style="padding: 5px; text-align: center;">or</td> </tr> <tr> <td style="padding: 5px; text-align: center;">Employer identification number</td> </tr> </table>	Social security number	or	Employer identification number
Social security number				
or				
Employer identification number				

## PART II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## PART III DIRECT DEPOSIT (EFT) AUTHORIZATION: Attaching a copy of a voided check from your checking account authorizes payment to you by EFT.

**ATTACH COPY OF VOIDED CHECK HERE**



## Wyoming Military Trust Fund Receipt Verification Tracking

Applicant name:

Date of grant:

Amount of grant: \$

Number of receipts attached:

Amount of receipts attached: \$

Creditor name:	Amount owed: \$	Amount paid: \$
Creditor name:	Amount owed: \$	Amount paid: \$
Creditor name:	Amount owed: \$	Amount paid: \$
Creditor name:	Amount owed: \$	Amount paid: \$
Creditor name:	Amount owed: \$	Amount paid: \$
Creditor name:	Amount owed: \$	Amount paid: \$
	Total amount owed: \$	Total amount paid: \$

Explain difference if amount owed is different from amount paid:

Applicants signature:

Date:

X \_\_\_\_\_ / /

Verified by Family Programs Office:

Date:

X \_\_\_\_\_ / /