

**KENTUCKY MILITARY FAMILY ASSISTANCE
TRUST FUND APPLICATION
DMA 43-1, As of 31 May 22**

PART I (SERVICE MEMBER INFORMATION):

Service Member Name: _____
(Last) (First) (MI)

Date of Application: _____
(MMDDYYYY)

Service Member Home of Record: _____
(Apt #, PO Box, or Street)

(City)

(State, ZIP)

Service Member Home Phone: _____
(Area Code) Number

Military Unit of Assignment: _____
(Unit Name)

Military Unit Phone Number: _____
(Area Code) Number

Military Unit Address: _____
(PO Box or Street)

(City)

(State) (ZIP)

Component (circle one): ACTIVE DUTY NATIONAL GUARD RESERVES

PART II (APPLICANT INFORMATION IF DIFFERENT THAN PART I):

Name: _____
(Last) (First) (MI)

Phone Number: _____
(Area Code) Number

Address: _____
(Apt #, PO Box, or Street)

(City)

(State) (ZIP)

PART II (CONTINUED):

Relationship to Service Member (Circle One):

- Self
- Spouse
- Dependent
- Other (Specify): _____

PART III (REASON FOR GRANT APPLICATION):

(Please circle as appropriate. Please provide a list of expenses creating the hardship.)

- 1. House
 - 2. Utilities
 - 3. Groceries
 - 4. Health Insurance Co-Pay
 - 5. Child Care
 - 6. Other (Specify):
-

PART IV

(Please feel free to attach sheets to basic application if you need more space):

- A. If applicable, what date did the service member deploy to a location outside the United States?

- B. If applicable, on what date did the service member return to the United States?

- C. Indicate the nature of the undue hardship. Note: You may also call the Trust Fund administrator for an explanation at 502-607-1738.

- D. List any public or private organizations that have provided financial assistance in the forms of grants, contributions, or other assistance and applicable amounts paid.

- E. List any public or private organizations that have denied you financial assistance and reason for denial.

**PART V (AUTHORIZATION TO ACCESS PERSONNEL INFORMATION
CONTAINED IN DEERS):**

A. Service member's signature: _____

B. Other: _____
(Signature of spouse accompanied by Power of Attorney document, or verbal authorization from the service member documented by the Trust Fund Board Members, The Adjutant General, or his designated representative.)

PART VI (INFORMATION VERIFICATION AND CERTIFICATION STATEMENT):

By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I also agree to comply with any resulting terms and conditions if an award is made and I accept said award. I further agree to provide any additional information or documentation as required by the Kentucky Military Family Assistance Trust Fund Board and parties within the Kentucky Department of Military Affairs with oversight of the Trust Fund to validate that the funds provided were used for the specific purpose for which they were intended. Failure to provide any requested additional information in a timely manner may result in collection actions to recoup some or all previously paid amounts. Furthermore, I am aware that any intentional false, fictitious, or fraudulent statements or concealing any pertinent information may subject me to criminal, civil, or administrative penalties.

Applicant's Signature

Date

FOR DEPARTMENT OF MILITARY AFFAIRS USE ONLY:

Date Application Received: _____

Date Approved: _____

Date Disapproved: _____

Submit all Kentucky Military Family Assistance Trust Fund Applications to:

**Military Family Assistance Trust Fund
Administrative Services Division
Department of Military Affairs
100 Minuteman Parkway
Frankfort, KY 40601-6168
Office Number: (502) 607-1738 Fax Number: (502) 607-1240
Email: ng.ky.kyarng.mbx.dma-mfast@army.mil**