

## Checklist for Applicant

MFFA applications are submitted to the Department of Military Affairs through the Service Member Support Division. To obtain information on the MFFA program or obtain an application, call 1-800-292-9464, option 1. Forms may also be downloaded on the Service Member Support Division website, [www.wisconsinmilitary.org/mffa/](http://www.wisconsinmilitary.org/mffa/)

The checklist items are used to document a financial need and verify eligibility. *All payment documents must include payment information (account/loan number and check mailing address). Checks cannot be written without this information.*

1. Name of applicant(s): \_\_\_\_\_
2. How many adults live in the home? \_\_\_\_\_ How many contribute to expenses? \_\_\_\_\_
3. Service Component and unit: \_\_\_\_\_
4. Unit Commander's name: \_\_\_\_\_
5. Unit Commander's email and phone #: \_\_\_\_\_
6. Total amount of financial relief requested: \_\_\_\_\_
7. List all sources of income: \_\_\_\_\_  
\_\_\_\_\_
8. List any other agencies you have contacted for assistance: \_\_\_\_\_  
\_\_\_\_\_

### Eligibility Checklist

1. Proof of residency (lease, mortgage, driver's license) \_\_\_\_\_
2. Current Leave and Earning Statement (LES) \_\_\_\_\_
3. Document dependency status (DEERS Enrollment/DD 93, DD 1172) \_\_\_\_\_

### Financial Hardship Checklist (Include income and expenses on financial worksheet)

1. Household income (civilian pay slips, VA Disability LES, direct deposits for pay for service member, spouse, or significant others) \_\_\_\_\_
2. **Checking account statements (at least two months)** \_\_\_\_\_
3. **Savings account statements (at least two months)** \_\_\_\_\_
4. Proof of household expenses (housing, utilities, banking statements, insurance) \_\_\_\_\_

- 5. Vehicle expenses (car payments and insurance premium) \_\_\_\_\_
- 6. Loans (consumer loans, recreational vehicles, student loans, etc.) \_\_\_\_\_
- 7. Miscellaneous expenses (estimate food and transportation costs) \_\_\_\_\_
- 8. Other (List and identify – child care, tuition, alimony, school books, etc.) \_\_\_\_\_

**Summarize and Document Hardship** (Include on application)

- 1. Summarize hardship on application \_\_\_\_\_
- 2. Provide substantiating documents for financial hardship\* \_\_\_\_\_

\*Examples: letter of intent to evict and/or foreclose, cost estimate for repair, denial letter of insurance coverage, explanation of benefits with uncovered costs, insurance premiums, etc.

- 3. *Include account numbers and check mailing addresses for debts.***
- 4. *Do not include credit card statements (DMA 1103, Box 8) unless used to pay emergency or household expenses.***

**Acknowledgements**

- 1. \_\_\_\_\_(initial) I acknowledge that if the MFFA Committee recommends formalized financial counseling, I (and my eligible dependents) will comply with this request.
- 2. \_\_\_\_\_(initial) I acknowledge that once requested counseling is completed, I notify my commanding officer with information on who conducted the counseling and on what date.
- 3. \_\_\_\_\_(initial) I acknowledge that if the State of Wisconsin provided a check payable to me to cover an authorized hardship expense that I must provide proof of payment to my commanding officer.
- 4. \_\_\_\_\_(initial) I acknowledge that if the MFFA Committee has requested that I (or my eligible dependents) complete financial counseling or provide documentation of a payment to individual or creditor, and I (we) fail to comply that I (we) will be required to return funds back to the MFFA fund.
- 5. \_\_\_\_\_(initial) I acknowledge that I have provided the account numbers and mailing addresses for all debts or expenses eligible for relief on page 3 of this checklist.
- 6. \_\_\_\_\_(initial) I acknowledge the MFFA process may take up to fifteen business days if the application is complete and all supporting documents are included. If the requested amount exceeds \$2,500 or the application is not complete or requires additional supporting documents, the process may not be completed with the fifteen business days.

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

\_\_\_\_\_  
Date

**DMA Form 1103, Box 8, Creditor Information**

**Applicant:** \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Creditor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_