

OREGON NATIONAL GUARD EMERGENCY RELIEF FUND LOAN APPLICATION

For use of this form, see ORARNGR 930-4. The proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: ORARNGR 930-4, Oregon National Guard Emergency Relief Fund.
Principal Purpose: To make application for funds through the ONGERF and maintain a record of approval or disapproval to receive funds.
Routine Use(s): Information on this form may be shared with ORNGERF board members and may be shared with local command.
Disclosure: Disclosure of this information is voluntary. However, if the loan goes in to default it will be reported to all major credit agencies and turned over for collections until the balance remaining is repaid in full.

Instructions for completion are on the back of this form.

SECTION I - COMPLETED BY APPLICANT

1. NAME (Last, First MI.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. RANK</td> <td style="width: 50%;">b. SSN</td> </tr> <tr> <td colspan="2">c. HOME ADDRESS & PHONE NUMBER</td> </tr> </table>	a. RANK	b. SSN	c. HOME ADDRESS & PHONE NUMBER		2. THRU (Applicant unit include PRN & address)	3. TO OREGON NATIONAL GUARD EMERGENCY RELIEF FUND ATTN: P.O. BOX 14350 SALEM, OR 97309-5047
a. RANK	b. SSN					
c. HOME ADDRESS & PHONE NUMBER						

4. REQUEST STATEMENT
 I, _____, hereby request a no interest ERF loan in the amount of _____
rank name Round to whole dollars
 The emergency I am experiencing is as follows, explain fully, in detail also Include which community services have been applied for and whether or not you have been accepted or denied.

5. PURPOSE OF LOAN AND HOW IT WILL BE SPENT *(Attach copies of all bills)*

6. PRINTED APPLICANT NAME	SIGNATURE	DATE
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SECTION II - COMPLETED BY UNIT

7. SOLDIER DATA

a. ETS	b. ATTENDANCE	c. UNFAVORABLE PERSONNEL ACTIONS (List all)
d. SOLDIER ON SURE PAY <input type="checkbox"/> YES <input type="checkbox"/> NO		
e. CURRENT HOUSEHOLD INCOME	f. PROJECTED NET INCOME	g. FINANCIAL COUNSELING (List name of Counselor, Title, and Date)

8. IF A MILITARY PAY PROBLEM EXIST WHICH HAS CONTRIBUTED TO THIS EMERGENCY EXPLAIN BELOW. (Be specific and use dates)

SECTION III - APPROVING AUTHORITIES

I have reviewed this request and believe it is consistent with the guidelines established in the Oregon National Guard regulation 930-4

9. APPROVED DISAPPROVED

PRINTED (Battalion First Sergeant or CSM)	SIGNATURE	DATE
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10. APPROVED DISAPPROVED

PRINTED (Company or Battalion Commander)	SIGNATURE	DATE
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11. APPROVED DISAPPROVED

PRINTED (Director of ORNGERF or Representative)	SIGNATURE	DATE
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INSTRUCTIONS

SECTION I – COMPLETED BY APPLICANT

This form is to be typed or printed
All blocks MUST be filled in, Incomplete applications will not be accepted.

1. Last Name, First Name, Middle Initial
 - 1a. Rank
 - 1b. Social Security Number
 - 1c. Home address/home phone number
2. Applicant's unit, unit address, & payroll number(PRN)
3. Already filled out
4. Applicant must fill in all blanks and FULLY explain what has caused the emergency situation. Also, applicant must state if the situation they are facing is a Personal Hardship and not an Emergency. To include in this block is any and all community services that they applicant has applied to and whether or not they have been accepted or denied.
5. This block is used to list bills and amounts due that the loan will applied towards. All copied of billing statements and or rental/mortgage agreements listed in this block must accompany the application.
6. Self explanatory

SECTION II – COMPLETED UNIT

7. 7a thru 8 to be filled out by unit representative.
 - 7a. ETS date
 - 7b. Drill attendance (100%, awol, unsat, etc...), have they attended all drill drills?
 - 7c. Unfavorable actions: Flags, Article 15s, AWOLs, etc
 - 7d. Is the soldier on Sure Pay?
 - 7e. Current TOTAL household income, if married include spouses income.
 - 7f. Projected NET household income
 - 7g. Name of who from unit has counseled the applicant.
8. If there is a Military pay problem that has contributed to this emergency, what is the problem? Explain fully, with the actions that the unit has taken to get it corrected.

SECTION III – APPROVING AUTHORITIES

9. MUST be signed by Unit 1SG or BN CSM (no exceptions) and checked approved or not approved.
10. Must be signed by Unit Commander or BN Commander (no exceptions) and checked approved or not approved.
11. This block is signed by the ORNGERF Vice President of Administration and checked approved or not approved.