



When filling out this submission on a computer or phone, note that the red outlined boxes within this application are required sections. If printed out, the required sections are marked with \*.

### **COUNCIL/CHAPTER AFFILIATED APPLICATION FOR COVID 19 RELIEF GRANT**

\*First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

\*Last Name \_\_\_\_\_

Date of Birth (*Optional*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

\*Phone Number \_\_\_\_\_ Home      Cell      Work      Hotel      Temporary Lodging

\*Email \_\_\_\_\_

\*I am a/n:

Active duty servicemember

National Guard servicemember

Reserve servicemember

Veteran (U.S., honorable discharge)

Spouse of an active duty, National Guard or Reserve servicemember

Caregiver of an honorably discharged veteran (*Include the name, rank or last rank held, branch of service, and years served of the individual you are caring for*):

Surviving spouse (*Include the name, last rank held, branch of service, and years served of the late servicemember*) \_\_\_\_\_

Other. Please explain \_\_\_\_\_

Branch of service \_\_\_\_\_

Rank (last rank held, or rank of your servicemember): \_\_\_\_\_

List years served (e.g. 1998-2008): \_\_\_\_\_

**Please check yes or no for the following questions:**

\*Are you a MOAA member? Y        N        (for record keeping only)

\*Are you a MOAA Council/Chapter member? Y        N        (for record keeping only)

If yes, please list the council or chapter:

\*Annual household income (all sources): \_\_\_\_\_

\*Grant amount you are requesting (up to \$500): \_\_\_\_\_

**\*Please enclose a copy of your bill(s) or statement(s) as an attachment with your application**

*(The amount of bills you provide with this application must be equal to or greater than the grant amount you are requesting. Failure to provide a COVID-19 connection, proof of hardship, and applicable bills, will delay or disqualify your application. Any current bill(s) or statement(s) must be included as an e-mail attachment, scan, or printed copy, etc., along with this application submission. Applications will not be considered without the inclusion of a bill or bills falling under the eligibility criteria. Bills must include a date, amount due, the name and address associated with the applicant, and the business or company where this payment is due. Document(s) from your employer indicating a loss in job hours, job termination, etc., can also be included in your application for consideration. Please ensure you have followed instructions prior to submitting your application. Incomplete applications will not be judged. Please do not include any documents that include sensitive information. Do not submit documents that contain your Social Security Number--this includes a DD214, ID card, etc.)*

\*Number of dependents (not including yourself): \_\_\_\_\_

\*Employment status: \_\_\_\_\_

\*Please use this section to elaborate on how the COVID-19 pandemic has had an effect on your listed employment status:

\*Please read and affirm the following statement:

I affirm I am currently serving (includes all uniformed services, Guard and Reserve), the spouse of someone who is currently serving, an honorably discharged U.S. veteran, the person I care for is an honorably discharged U.S. veteran, or I am a surviving spouse. I also affirm a loss of income or benefits due to the impact of COVID 19.

For questions, please contact our Member Service Center at (800)234-6622 or MSC@moaa.org

This form was last updated as of March 8, 2021

\*My current hardship and/or challenges due to the effects of the COVID-19 pandemic include:

*(The feedback you provide in the text below must specifically explain how COVID-19 has affected you financially, in your career, changes in your or your family's lifestyle, etc. The information you provide must show our scoring committee that your need for this grant is directly related to the effects of the COVID-19 pandemic. Please be as specific as possible in your response. As listed in the initial instructions, failure to provide a COVID-hardship connection and applicable bills will delay or disqualify your application. Please ensure you have followed instructions prior to submitting your application. Incomplete applications will not be judged.):*

### SUPPLEMENTAL QUESTIONS AND INFORMATION

\*How did you hear about us? \_\_\_\_\_

\*I understand only one grant may be awarded per household and confirm no one else in my household has received or applied for relief from the MOAA Foundation COVID-19 Relief Fund.

\_\_\_\_\_  
Initial here

\*I agree to confirm receipt of payment if asked by MOAA. \_\_\_\_\_  
Initial here

\*I am prepared to provide additional information to verify my connection to service and financial status if requested. \_\_\_\_\_  
Initial here

\*I understand that if awarded a grant, funds will be disbursed to me, pending submission of verification information requested in the award email. If I have **not** provided required documentation as requested within 30 days of the foundation sending the award email, my grant award offer will expire, and I will need to submit a new application for consideration. \_\_\_\_\_  
Initial here

\*I understand I must provide a receipt or receipts proving that grant funds were used for their stated purpose on my application. The receipt(s) must be submitted to relief@moaa.org within 30 days after funds have been received. \_\_\_\_\_  
Initial here

\*Do you consent to disclosing grant award status to the council/chapter or council/chapter member that sponsored your application? Y      N      (Your answer will not impact the approval of your application.)

\*Do you agree to be contacted for a testimonial or possible interviews with MOAA communications staff? Y      N      (Your answer will not impact the approval of your application.)

\*I certify that the information I have provided in applying for this grant is true and correct to the best of my knowledge and belief. I agree to provide any documentation requested by MOAA to support the information contained herein.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Printed Name: \_\_\_\_\_

Completed submissions, along with the required documents mentioned above can be emailed to Relief@moaa.org or mailed to:

Military Officers Association of America (MOAA)  
C/O COVID-19 Relief Fund Application  
201 N. Washington St.  
Alexandria, VA 22314