



APPLICATION FOR COVID 19 RELIEF GRANT

First Name _____

Middle Initial _____

Last Name _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Email _____

I am a/n:

Active duty, National Guard or Reserve servicemember

Veteran (U.S., honorable discharge)

Spouse of an active duty, National Guard or Reserve servicemember

Caregiver of an honorably discharged veteran

Other. Please explain _____

Branch of service _____

Rank (last rank held, or rank of your service member) _____

Years served: _____

Please check yes or no for the following questions:

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

Are you a MOAA Chapter member? Y N (for record keeping only) If yes, please list chapter:

Annual household income (all sources): _____

Amount requested (up to \$500): _____

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

Number of dependents: _____

Employment status: _____

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

OPTIONAL: My current hardship and/or challenges include:

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

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.)

Do you consent to disclosing grant award status to the chapter or chapter member that sponsored your application? 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: _____