



**APPLICANTS FOR THE WCFA-COVID EMERGENCY RELIEF FUND GRANT PROGRAM WILL HAVE THIS VERIFICATION FORM COMPLETED BY THEIR UNIT COMMANDER, SENIOR ENLISTED LEADER/ADVISOR, OR STATE FAMILY PROGRAM OFFICE PERSONNEL THIS VERIFICATION FORM MUST BE UPLOADED WITH THE ONLINE APPLICATION AT [WWW.EANGUS-WCFA.ORG](http://WWW.EANGUS-WCFA.ORG)**

NG Leaders/Family Programs: Please answer the questions below as completely as possible and to the best of your ability based on a phone or in-person interview with the applicant. Print, type or write legibly, please.

**Applicant's Full Name and Rank:** \_\_\_\_\_

**Applicant Eligibility:**

The applicant's National Guard status is: (check one)

Current Traditional/M-Day NG unit member

Current Full-time employee of the NG (AGR/Technician/Title 5)

Retired NG Member (with Gray Area or Retiree ID Card)

NG Veteran: Served in the NG previously, received honorable discharge but did not retire

**Verification of COVID-19 Related Financial Need:**

Do you believe the applicant is experiencing financial need as a result of COVID-19?

Y      N

Please explain specifically what the financial need is and how the applicant plans to use the funds, if approved (rent, utilities, essentials, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the applicant, spouse, significant other, or other household member suffer loss of employment or reduced wages as a result of COVID-19?

Y      N

Which household member(s) lost their job or had hours reduced? Provide specific details (who and how long have they been out of work, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Based on the information provided, do you believe this applicant should be considered for a grant?

Y      N

Please provide any additional comments/information regarding the applicant's COVID-19 related financial need or situation: \_\_\_\_\_

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**National Guard Service Verification:**

If currently serving in the NG, what is the applicant's Unit of Assignment:

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If retired or former member off the NG, did you see a document confirming his/her previous National Guard service?      Y      N

Document: \_\_\_\_\_

**Verification Completed by:**

Your name and rank: \_\_\_\_\_

Position Title \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date completed: \_\_\_\_\_

I have completed this Verification Form accurately and to the best of my ability. I believe the applicant was truthful in stating their COVID-19 related financial need and I have verified they are a current or former member of the National Guard.

\_\_\_\_\_  
Signature (digital signature is preferred)