



# Emergency Funding Assistance Request Form

**With respect to the dignity of Service Members and Families served, all inquiries and requests should come directly from commanders. Please do not have SMs or Families call.**

Rank \_\_\_\_\_ Service Member Name \_\_\_\_\_ Unit / Bn /Bde \_\_\_\_\_ SM last four SS# \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell or other phone # \_\_\_\_\_

Alternative Contact Person and Telephone # if available \_\_\_\_\_ Relationship to SM \_\_\_\_\_

Has individual received assistance from this fund before? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

What is request? List: 1) past due dollar amount(s), 2) payable to who [bill collector(s)], and 3) account number(s)

Why is SM/Family in need (what caused financial hardship)? \_\_\_\_\_

SM employed? Yes \_\_\_ No \_\_\_ Monthly Income (include drill) \$ \_\_\_\_\_ Married \_\_\_ Spouse income \$ \_\_\_\_\_

Other household member income \$ \_\_\_\_\_ Other assistance \$ \_\_\_\_\_ # dependent children in the home? \_\_\_\_\_

Was hardship caused by financial mismanagement by self or others? Yes \_\_\_\_\_ No \_\_\_\_\_

Who is helping SM complete this form: \_\_\_\_\_

Rank/Name \_\_\_\_\_ Relationship to SM \_\_\_\_\_ Phone Number \_\_\_\_\_

**Commanders: For consideration of funds, please secure signatures and email completed form with financial summary and copies of past due bills in a PDF to [mrs.canchola@scmilitaryfamilycare.com](mailto:mrs.canchola@scmilitaryfamilycare.com) Inquires? Call Mrs. Canchola at 864.221.8788**

**I understand this form is being submitted on my behalf and I request this assistance:**

SM's Signature (or Family Member's Signature if SM is mobilized/deployed) \_\_\_\_\_ Date \_\_\_\_\_

**I understand this form is being submitted on my SM's behalf and attest all information above is accurate:**

Commander's Signature \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Date \_\_\_\_\_

CDR's printed rank/name and best contact email address (military OR civilian) \_\_\_\_\_

Battalion / Wing CDR printed email address \_\_\_\_\_ Battalion / Wing CSM printed email address \_\_\_\_\_

Brigade CDR printed email address \_\_\_\_\_ Brigade CSM printed email address \_\_\_\_\_

Updated  
AUG 2017

The SMFCA supports all military personnel and their Family members throughout South Carolina and is an all volunteer, charitable corporation pursuant to Section 501(C) 3 of the Internal Revenue Code.