



**The NC National Guard Soldiers and Airmen Assistance Fund, Inc. (SAAF-NC)**  
**Grant Application Instructions**  
**March 1, 2024**

*This is a non-recurring grant that helps with basic living expenses: housing, food, utilities, medical emergencies, etc. Assistance is designed to remedy a one-time problem, not an ongoing situation. Applications will be evaluated on their individual merits and the SAAF reserves the right to make exceptions on a case-by-case basis.*

**1. Who can apply:** Current serving member of the North Carolina Army or Air National Guard or their spouse if the individual is deployed. Must have completed basic training, is in "good standing" within the unit regarding attendance, training and have no adverse actions.

**2. Items that qualify for assistance?**

Payment to avoid eviction or foreclosure  
Food assistance  
Loss of home / personal items due to fire or natural disasters  
Military pay issue (grant will not exceed \$500.00)

Utilities to prevent disconnection  
Medical emergencies  
Loss of employment  
Short-term housing

**3. Items that do not qualify for assistance?**

Permanent housing  
Child support or alimony or legal expenses  
Student tuition, student housing or loans  
Bills for someone other than the Guardsmen  
Vehicle purchase, payments, insurance, or repairs  
Payments for taxes or debt of any type

Goods or items of convenience or luxury  
Credit card debt, charge cards or store cards  
Funeral Expenses  
Airline Travel  
Rentals of any type

**4. Required information:**

(1). Copy(s) of past due bill(s), eviction notice, etc., to include the account holder's name, account number, creditor's name, payment address and contact number that you are requesting assistance for.

(2). Copy of applicant's most current Leave and Earnings Statement (LES) and Civilian Employer pay statement.

(3). Complete the request and return it to your unit. If approved, the unit will forward to their Fulltime Soldier and Family Readiness Specialist (SFRS) for final review and submission to SAAF. Without SFRS approval, the application will not be processed.

(4). Fulltime SFRS submits the completed request to:

SAAF-NC, 7410 Chapel Hill Road, Raleigh, NC 27607 or Email to: [ncngsaaf@bellsouth.net](mailto:ncngsaaf@bellsouth.net)

**5. If the request is approved.**

Notification can be expected under normal circumstances within three days of application receipt. Payment(s) will be made directly to the creditor unless there are extenuating circumstances. You must wait one year from issue date of the check before you can reapply. Applicant will be notified by personal letter, phone, or email when grant determination is decided. SAAF-NC checks not cashed within 30 days from the date written will be cancelled and will not be reissued.

**Soldiers and Airmen Assistance Fund Grant Application**  
**SAAF-NC, 7410 Chapel Hill Road, Raleigh, NC 27607**

**1 March 2024**

### A. Military Member's Information

Name:		Rank:	Military Status: AGR __ ADT __ ADOS __ TECH __ MDAY __ MOB __	
Mailing Address, Apt #, City, State, Zip Code				
Home Phone/Cell Phone:		Email Address:	Employer's Name:	
Employment: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed  <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time			Have you ever received a SAAF grant before?  Yes: _____ No: _____ Year: _____	
Branch of Service: Army Guard ____ Air Guard ____		Unit of Assignment:		
Family Status: Married ____ Single ____ Divorced ____ Separated ____			Number Dependents: _____	
Have you attended Personal Financial Counseling? Yes: ____ No: ____			Is this request related to a service-connected injury? Yes: ____ No: ____	
Enter specific dollar amount(s) being requested:  Housing: \$ _____ Food: \$ _____ Medical Emergency: \$ _____ Utilities: \$ _____ Other: \$ _____ (Specify purpose)				
<b>Provide a detailed explanation why you are requesting financial support:</b>				

## B. Personal Financial Information

Monthly Income:	Monthly Expenses:
Member's job: \$ _____	Rent/Mortgage: \$ _____
Guard drill pay: \$ _____	Utilities: \$ _____
Spouse's income: \$ _____	Phone(s): \$ _____
Housing Allowance: \$ _____	Vehicle #1: \$ _____
VA Benefits: \$ _____	Vehicle #2: \$ _____
SSI/Disability: \$ _____	Food: \$ _____
Food Stamps/WIC: \$ _____	Child Support: \$ _____
Unemployment: \$ _____	Alimony: \$ _____
Childcare Assistance: \$ _____	Cable: \$ _____
Alimony: \$ _____	Credit Cards: \$ _____
Child Support: \$ _____	Medical: \$ _____
Educational Benefits: \$ _____	Other (Specify): \$ _____
Other (Specify): \$ _____	
Total: \$ _____	Total: \$ _____

## C. Commander/First Sergeant – Soldier and Family Readiness Specialist (SFRS)

<b>CDR/1SG Printed Name, Rank, and Signature:</b> _____	
Member <u>IS</u> or <u>IS NOT</u> (Circle Response) undergoing administrative adverse action?	
Member <u>HAS</u> or <u>HAS NOT</u> (Circle Response) met with a NCNG Personal Financial Counselor?	
Approved: _____ Disapproved: _____	
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<b>Fulltime Soldier and Family Readiness Specialist (SFRS)</b>	
<b>Printed Name, and Signature</b> _____	
Approved: _____ Disapproved: _____	

## D. Verification and Release Authorization:

1. I understand that SAAF-NC is an independent, private entity, not part of the US Government. This application, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). I authorize SAAF-NC to confirm and verify the information I provided for the purposes of evaluating this request.	
2. I certify that I am in good standing with my unit and I am not undergoing administrative adverse action procedures.	
3. My signature below certifies that the information I have provided is true and correct to the best of my knowledge.	
4. I authorize SAAF-NC representatives to contact my debt collectors to validate my request for financial assistance.	
APPLICANT'S SIGNATURE: _____	DATE: _____