



Soldiers and Airmen Assistance Fund, Inc. (SAAF)
Grant Application Instructions
January 1, 2021

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

1. You can apply for a grant if you:

- A. are a current member of the North Carolina National Guard or your spouse if you are deployed.
- B. have no adverse actions pending, AWOLs or unsatisfactory performances.
- C. have no debts(s) to the military or the government.
- D. have completed Basic Training.

2. Required information, your Chain of Command and mailing instructions.

A. Read these instructions carefully to ensure you understand how to submit a complete application. Failure to submit the required information listed below will delay the processing of your request.

(1). Copy(s) of overdue 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 your most current LES and civilian pay check to include your spouse if they are employed.

(3). An Exception to Policy letter from the Commander is required if the requested amount exceeds \$1,000.00.

B. After you complete your request, return it to your unit for the Command review. Without the Command review, your application will not be processed.

C. For military pay issues, please have your unit submit a pay inquiry through the inquiry system.

D. The mailing address is: SAAF-NC
7410 Chapel Hill Road
Raleigh, NC 27607
Or email to: ncngsaaf@bellsouth.net

3. If your request is approved.

- A. Payment(s) will be made directly to the creditor unless there are extenuating circumstances.
- B. You must wait one year from issue date of the check before you can reapply to the fund.
- C. You will be notified by personal letter, phone or email when determination of your case has been decided.
- D. Any SAAF check not cashed within 30 days from the date it was written will be cancelled and will not be reissued.

SAAF-NC Grant Application
 North Carolina National Guard
 7410 Chapel Hill Road, Raleigh, NC 27607

Amount Requested: \$ _____

A. Military Member's Information

Name:	Rank:	Military Status: AGR____ TECH____ M-Day____
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____ Air Guard____		Unit of Assignment:
Family Status: Married____ Single____ Divorced____ Separated____		# of Dependents:____
Have you ever been deployed?		Is this request related to a service connected injury?
What are you requesting assistance for and the amount requested?		
Housing: \$____ Food: \$____ Medical: \$____ Utilities: \$____ Other: \$____		
Provide sufficient detail to fully explain why you are requesting financial support.		

B. Financial Information

<p>Monthly Income:</p> <p>Military member's job: \$ _____ drill pay: \$ _____ Spouse's income: \$ _____</p> <p>VA Benefits \$ _____ SSI/Disability \$ _____ Food Stamps/WIC \$ _____ Unemployment \$ _____ Childcare Assistance \$ _____ Alimony \$ _____ Child Support \$ _____ Educational Benefits \$ _____ Other \$ _____</p> <p>Total: \$ _____</p>	<p>Monthly Expenses:</p> <p>Rent/Mortgage: \$ _____ Utilities: \$ _____ Phone(s): \$ _____ Vehicle #1: \$ _____ Vehicle #2: \$ _____ Food: \$ _____ Child Support: \$ _____ Alimony: \$ _____ Cable: \$ _____ Credit Cards: \$ _____ Medical: \$ _____ Other: \$ _____</p> <p>Total: \$ _____</p>
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C. Command Approval – Commander or First Sergeant

Approved: _____ Disapproved: _____

First Name: _____ Last Name: _____ Rank: _____

Phone: _____ Email: _____

Signature: _____

D. Verification and Release Authorization:

1. I understand that the SAAF 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 the SAAF to confirm and verify the information I have provided for the purposes of evaluating this request.

2. My signature below certifies that the information I have provided is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE: _____ DATE: _____

Send the completed application to: NCNGSAAF
7410 Chapel Hill Road
Raleigh, NC 27607
Or email: ncngsaaf@bellsouth.net