



Colorado National Guard Foundation, Inc.  
 12200 East Briarwood Ave Suite 160  
 Centennial, Colorado 80112  
 Telephone: (720) 250-1186



## Instructions for completing the Colorado National Guard Foundation Application

The purpose of the Colorado National Guard Foundation is to assist with living expenses. An incomplete application package, will not be processed. Please ensure that all forms are filled out and signed by the Service Member and Chain of Command.

1. To be eligible for the financial assistance you must have at least one year of Expiration Term Service (ETS). To prove your ETS date you must provide a copy of your most current LES statement.
2. Fill out the application in its entirety.
3. Page 4 requires an explanation of your current situation:
  - **What is your situation?** I am in need of financial assistance to pay XXX bills.
  - **What caused the situation?** Tell us why you need the financial assistance and the circumstances lead-ing to your current situation.
  - **What are you doing to rectify the situation?** To avoid having the same financial issues in the future the Foundation may require you to meet with the Personal Financial Counselor that is on staff within the Family Program office. To make an appointment please call 720-595-6508.
4. Chain of Command signature is required on the bottom of page 5 acknowledging your request for financial assistance. This does not make your Commander liable for your financial obligation.
5. Read carefully, initial and sign pages 6 and 7 which is the Information Verification Release Authorization form.
6. The Promissory Note on page 7 must be completed and signed in order for your application to be processed.
7. You will need to provide a copy of the bills you would like paid up to \$2000.00. You are required to provide who the check needs to be made out to and where to mail it on Page 8.
8. The voting committee has 3 business days to review your case from the time your packet is received. You will be notified once a decision is made. If approved for an interest free loan, your pay-back amount is 10% of the total balance of the loan and will be due 60 days from date of approval. For example: loan amount is \$2000.00 and was approved on January 15th. Your first payment will be due on March 15th for \$200.00.
9. Please submit your completed application through your appropriate point of contact. For further assistance or for questions you may call 720-250-1186 or 303-736-9234.

### Authorized Expenses

Rent/Lease Agreement  
 Mortgage Statement  
 Water Bill  
 Electric/Gas Bill  
 Car Note  
 Car Insurance  
 Child Care  
 Cell Phone  
 Catastrophic Events (case by case)

### Unauthorized Expenses

Credit Cards (to include government travel card)  
 Legal Bills  
 Taxes  
 Cable  
 Internet  
 Vet Bills  
 Student Loans  
 Unsecured Debt

LTC Ashkan Angha  
 Chair, Colorado National Guard Foundation, Inc.



## CONG FOUNDATION APPLICATION FOR EMERGENCY FINANCIAL RELIEF

### Send Completed Application to:

Suzanne Buemi  
State Family Program Director  
6848 South Revere Pkwy  
Centennial, Colorado 80112  
E-mail: [suzanne.m.buemi.civ@army.mil](mailto:suzanne.m.buemi.civ@army.mil)  
For Questions: 720-250-1186

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Today's Date: \_\_\_\_\_

1. I, \_\_\_\_\_, request emergency financial assistance from the Colorado National Guard Foundation, Inc. *(full name w/middle initial)*
2. Name of Guard Member *(A notarized Power of Attorney is required if a spouse is applying, or the name is different from #1):*  
\_\_\_\_\_
3. Is Guard Member currently deployed?      YES:      NO:
4. Rank of Guard Member: \_\_\_\_\_      AIR:      ARMY:
5. Unit of Assignment: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_ *(mm/dd/yyyy)*
7. ETS Date: \_\_\_\_\_ *(MUST provide proof of one year minimum)*
8. Military status of Guard Member:  
    Full-Time – Technician:  
  
    Active Guard Reserve (AGR):  
  
    ADOS (Active Duty for Operational Support):  
  
    Traditional Guard Member:  
    *(1 weekend a month, 2 weeks/year)*



9. Applicant's Personal Information

\_\_\_\_\_  
*Applicant's Street Address*

\_\_\_\_\_  
*City* *State* *Zip*

\_\_\_\_\_  
*Applicant's Email* *Personal Phone Number* *Work Phone Number*

10. Applicant's Employer Information:

\_\_\_\_\_  
*Business Name* *Supervisor Name*

\_\_\_\_\_  
*Employer's Street Address*

\_\_\_\_\_  
*City* *State* *Zip*

\_\_\_\_\_  
*Length of Employment* *Employer's Phone Number*

11. List one relative not residing in your household whom the committee could contact if they are unable to contact you in the future:

\_\_\_\_\_  
*Relative Name and Relationship* *Relative's Phone Number*

\_\_\_\_\_  
*Relative's Street Address*

\_\_\_\_\_  
*City* *State* *Zip*

12. Indicate the number of individuals for whom you are financially responsible for in your household, including yourself:

Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

13. What is the total monthly net (after taxes) income for your household? \$ \_\_\_\_\_



## CONG FOUNDATION APPLICATION FOR FINANCIAL RELIEF



14. What is the nature of your emergency need? *Example: I need assistance paying X,Y,Z bills.*

15. What has led to this emergency? *Example: loss of job, major medical issue, death in the family, delays in monetary compensation, mismanagement of money etc.*

16. What are you doing to rectify the situation?





**INFORMATION VERIFICATION RELEASE AUTHORIZATION FORM**

1. I authorize verification/release of the information that I am providing on this application. This authorization applies to organizations inside or outside of the Colorado National Guard for the purposes of evaluating this application and/or for collection proceedings, if a loan is approved or payment is late. I authorize the Foundation Committee to access to any pertinent records as necessary to evaluate my application. \_\_\_\_\_  
Initial
2. I understand that loans are not an entitlement. All requests for loans are taken on a case-by-case basis and the availability of Foundation funds. The Foundation Committee is comprised of officers, non-commissioned officers, and government civilians. \_\_\_\_\_  
Initial
3. I understand that the Foundation Treasurer will contact my unit Commander if any loan payment is more than 60 days past due and will be turned over to collections. \_\_\_\_\_  
Initial
4. If I receive a loan, I agree to notify the Foundation Treasurer IMMEDIATELY of any change in address and/or phone number during the repayment period. \_\_\_\_\_  
Initial
5. I will contact the Foundation Treasurer IMMEDIATELY if I have difficulty making the agreed payments. \_\_\_\_\_  
Initial
6. I understand that if a check is received for payment and is returned for NON-SUFFICIENT FUNDS (NSF), any additional bank fees will be added to your loan balance. \_\_\_\_\_  
Initial
7. I understand that failure to pay any debt included in this loan may negatively affect my ability to obtain/maintain your security clearance. \_\_\_\_\_  
Initial

The information that I have provided on this application is true and correct to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY:** This application form and the promissory note are the primary sources of information for determining an individual's eligibility for financial assistance through this Foundation. Disclosure of information on this form is voluntary; however, failure to provide the requested information may mean the Committee will deny financial assistance because of insufficient information. The Committee will maintain confidentiality regarding the application and assistance given or denied, except as detailed in the release authorization above.



CONG FOUNDATION APPLICATION FOR FINANCIAL RELIEF



I PROMISE TO PAY THE COLORADO NATIONAL GUARD FOUNDATION, INC., THE AMOUNT OF:
\$ \_\_\_\_\_, \_\_\_\_\_ dollars.
(Total Amount) (Written Dollar Amount)

I agree to pay 10% of the total loan amount monthly starting 60 days from the date of approval until the loan is PAID IN FULL.

Initial

I agree to repay the loan by Venmo, cash, personal check, money order, or cashier's check. Any cash payments must be paid in person (do not send cash in the mail) and a receipt will be issued. Personal check, cashier's check, or money order will be made payable to:

The Colorado National Guard Foundation, Inc. and I will deliver/send these payments no later than the due date to:

Colorado National Guard Foundation, Inc.
6848 South Revere Parkway
Centennial, Colorado 80112

Initial

NOTE: The Committee for Foundation REQUIRES that the borrower also read the following two paragraphs, and sign below, indicating that he/she has read and understands the information provided.

The Foundation expects the borrower to make timely payments.
The Foundation Treasurer will contact the borrower's unit Commander if any loan payment is more than 60 days past due and will initiate action to seek repayment through legal means if necessary.
PAYMENTS: Each payment I make on this loan will be applied to the balance to include any NSF or collection fees.
PREPAYMENT: I may prepay this loan in whole or in part at any time without penalty.
DEFAULT/REMEDIES: I will be in default on this loan if I fail to perform any obligation which I have undertaken in this application.
PRIVACY: I agree that from time to time you may receive credit information about me from others, including other lenders and credit reporting agencies. I agree that you may furnish on a regular basis credit and experience information regarding my loan to others seeking such information. To the extent permitted by law, I agree that you will not be liable from any claim arising from the use of information provided to you by others or for providing such information to others.
FINANCIAL STATEMENTS/RETURNED CHECKS: I will give you any financial statements or information that you feel is necessary. All financial statements and information that I give you will be correct and complete. I agree to pay the lender current returned check charges for each check which (1) I give in payment on this note and (2) is dishonored and returned to you. Any charges that I incur under this provision may be added to the unpaid balance of the loan.
CONTACT: For questions or concerns once your loan has been approved, contact Suzanne Buemi at 720-250-1186. For payment questions or concerns contact Laura Farlett at 303-736-9234.

Print Name in Full

Borrower's Signature

Date Signed



# CONG APPLICATION FOR FINANCIAL RELIEF



Borrower please complete your payee's payment information

\*CONG Foundation, will not be responsible for incorrect information provided on payee and address information.\*

Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
Foundation Use only: Check#:	Date:		
Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
Foundation Use only: Check#:	Date:		
Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
Foundation Use only: Check#:	Date:		
Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
Foundation Use only: Check#:	Date:		
Pay to the order of:		Check Amount:	
Address:	City:	State:	Zip:
Account #:	Will pick up in person		
Foundation Use only: Check#:	Date:		

Foundation Use Only			
Applicant _____		Unit _____	
		Date _____	
Amount Requested \$ _____		Amount Approved _____	
Processor _____		Date of Approval _____	
Committee Member Name	Approved	Disapproved	