

New Mexico National Guard and Family Assistance (NMNGFA)  
Standard Operating Procedures (SOP)

Enclosure 1

**NEW MEXICO NATIONAL GUARD ASSISTANCE  
FUND APPLICATION FOR ASSISTANCE**

The New Mexico National Guard and Family Assistance (NMNGFA) account is established under Section 7-2-30.3 NMSA 1978 (being Laws 2005, Chapter 220, Section 2 as amended) to help Soldiers and Airmen and their Family members of the New Mexico National Guard who experience financial emergencies. NMNGFA provides funds to help Soldiers and Airmen with immediate financial needs outlined in this SOP. NMNGFA allows Commanders access to funds at the state level in accomplishing their moral obligation and basic command responsibility for the morale and welfare of Soldiers/Airmen and their families.

**Any incomplete application will not be accepted and returned.**

**APPLICANT INFORMATION: (print or type)**

Application for grant amount \$\_\_\_\_\_

Name: (Last)\_\_\_\_\_ (First)\_\_\_\_\_ (MI)\_\_\_\_\_

Rank & Pay Grade\_\_\_\_\_ ETS Date\_\_\_\_\_

Unit Assigned: (Name) \_\_\_\_\_

(Address)\_\_\_\_\_

(City, State & Zip)\_\_\_\_\_

Home Address:

\_\_\_\_\_

Cell/Home Phone Number:\_\_\_\_\_ Work Phone Number:\_\_\_\_\_

E-Mail:\_\_\_\_\_

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Civilian Employment Information:

Current Employer:

(Name), \_\_\_\_\_

(Address) \_\_\_\_\_ (City), \_\_\_\_\_

(State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

Monthly Income from this place of employment \_\_\_\_\_ Hourly rate and average number of  
hours worked per week. \_\_\_\_\_

Person that can verify employment and monthly income:

(Name), \_\_\_\_\_ (Phone Number) (\_\_\_\_) \_\_\_\_\_

(Address), \_\_\_\_\_

**MUST** attach **THREE** current pay stubs or similar proof of income from civilian jobs.

Do you have a second civilian Job? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Monthly Amount. \_\_\_\_\_

**Current Military Pay:**

Monthly Basic Pay: \_\_\_\_\_

Housing Allowance: \_\_\_\_\_

Subsistence: \_\_\_\_\_

Other: \_\_\_\_\_

Total Military Monthly Pay: \_\_\_\_\_

**MUST** attach copy of current Leave and Earning Statement to verify information:

**Other Information:**

Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced. \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Other Income: \_\_\_\_\_

Include Spousal wages if applicable.

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**Must** attach documentation

Monthly Expenses: \_\_\_\_\_

**Must attach** documentation

Available cash & Savings reserve: \_\_\_\_\_

**Must attach** documentation

What other assistance are you receiving or have applied for?

What have you done to solve the problem: (i.e. called creditors to arrange payment schedule, sought credit elsewhere (specify where), asked for assistance from grant organizations, etc.)

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## Information on Hardship and distress:

Please attach a statement explaining the hardships and distress incurred by you and/or your dependents.

I, \_\_\_\_\_, certify that the above information provided by me is true and correct and hereby apply for the New Mexico National Guard Assistance Fund (NMNGAF) payment due to financial hardship and distress.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This application form and the verification and release authorization are the primary sources of information for determining an individual's eligibility for financial assistance. Disclosure of information on these forms is voluntary. Failure to provide the requested information may mean the disapproval because of insufficient information. The NMNGAF Council will maintain confidentiality of individual details regarding the application and assistance given or denied, except as detailed in the release authorization below.

Application must be reviewed by (Chain of Command or NMNG Family Programs Director) ensuring the member is eligible and in good standing.

Print name and rank of approving official \_\_\_\_\_

Signature of approving official \_\_\_\_\_

Application must be reviewed by State Family Programs Director, ensuring the member is eligible.

Print Name of Family Program Director \_\_\_\_\_

Signature of Family Program Director \_\_\_\_\_

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**Privacy Notice**

In connection with your request, The NMNGAF may acquire information about you as described in this notice, which we handle as stated in this notice.

1. We collect nonpublic personal information about you from the following sources:
  - Information we receive from you on applications or other forms;
  - Information about your application with us;
2. We do not disclose, nor do we reserve the right to disclose, any nonpublic personal information about our applicant to anyone, except as permitted by law. We may disclose nonpublic personal information about you, as an applicant, to nonaffiliated third parties as permitted by law.
3. We restrict access to nonpublic personal information about you to those employees or other persons necessary to facilitate the review of your application and/or the dispersal of funds upon acceptance of your application.
4. We keep statistics regarding aid given, as well as general information regarding the types of aid given, and may release such statistics and general information without the need to solicit additional consent.
5. We may contact you to solicit permission to release additional specific details for the purposes of raising additional funds and awareness.

**APPLICANT ACKNOWLEDGMENT:** I (we) acknowledge that I (we) read and accept the terms of this privacy Notice.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Name (printed)**

\_\_\_\_\_  
**Representative Designee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Representative Designee Name (printed)**

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**Enclosure 2**  
**Financial Counselors**

**ALBUQUERQUE:**

Kathy Hobbs, AFC®

Albuquerque, NM National Guard

Personal Financial Counselor (PFC)

Phone: 703-635-4635

Email: [PFC.NM.NG@Zeiders.com](mailto:PFC.NM.NG@Zeiders.com)

**RIO RANCHO:**

Jose Sanchez, CFP®

Rio Rancho, NM National Guard

Personal Financial Counselor (PFC)

Cell Phone: 505-221-4894

Email: [PFC3.NM.NG@Zeiders.com](mailto:PFC3.NM.NG@Zeiders.com)

**SANTA FE:**

Carol Ryenolds

615<sup>th</sup> HQ Building, Onate Complex

Personal Financial Counselor (PFC)

Cell Phone: 505-231-3902

Email: [PFC2.nm.ng@zeiders.com](mailto:PFC2.nm.ng@zeiders.com)

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Enclosure 3  
State Programs Supporting Documentation Checklist

1. Is member in good standing in the NMNG: Yes/No
  - o No pending personnel actions or UCMJ; Yes/No
  - o Not flagged for investigation; Yes/No
  - o No positive UAs; Yes/No
  - o No AWOL in the last 12 months. Yes/No
2. Determine if request is authorized under the NMNGFA. Yes/No
3. Documentation of the financial emergency. Yes/No
4. Documentation of monthly income and expenditures using a budget planning sheet (Financial Counselor). Yes/No
5. Has Soldier/Airman received previous NMNGFA assistance?  
Yes/No
6. If the Soldier/Airman is currently under an OPEN Chapter 7 or 13 bankruptcy proceeding? Yes/No. If yes, seek legal assistance before making recommendation.
7. Is a financial counselor assigned; and has contact has been established between financial counselor and Soldier/Airman? Yes/No