

# OREGON SERVICE MEMBER RELIEF FUND ASSISTANCE APPLICATION

Instructions for completion are on the back of the form

## SECTION I – COMPLETE BY APPLICANT

1. NAME (Last, First, Middle)		2. THRU (Applicant unit includes PRN & address)	3. TO OREGON MILITARY DEPARTMENT ATTN: RSO-OSMRF P.O. BOX 14350 SALEM, OR 97309-5047  E-Mail: ng.orarng.mbx.j1-rso2@mail.mil
a. RANK	b. SSN		
C. HOME ADDRESS & PHONE NUMBER			

4. REQUEST STATEMENT  
 I \_\_\_\_\_, \_\_\_\_\_, hereby request a grant or a no interest OSMRF loan in the amount of \_\_\_\_\_.  
 RANK NAME  
 The emergency I am experiencing is as follows; explain fully in detail and include which community services applied for and whether or not you have been accepted or not.

5. PURPOSE OF FINANCIAL ASSISTANCE AND HOW IT WILL BE SPENT (Attach copies of all bills)

6. PRINTED APPLICANT NAME	SIGNATURE	DATE
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## SECTION II – COMPLETE BY UNIT

7. SOLDIER DATA

a. ETS	b. ATTENDANCE	c. UNFAVORABLE PERSONNEL ACTIONS (List All)
d. SOLDIER ON SURE PAY <input type="checkbox"/> YES <input type="checkbox"/> NO		
e. CURRENT HOUSEHOLD INCOME	f. PROJECTED NET INCOME	g. FINANCIAL COUNSELING

8. FRG COMMENTS

## SECTION III – APPROVING AUTHORITIES

I have reviewed this request and believe that it is consistent with the guidelines established in the OSMRF Publication

9. <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b> <input type="checkbox"/> <b>LOAN</b> <input type="checkbox"/> <b>GRANT</b>		
PRINTED (Family Assistant Specialist)	SIGNATURE	DATE
10. <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b> <input type="checkbox"/> <b>LOAN</b> <input type="checkbox"/> <b>GRANT</b>		
PRINTED (Senior Sgt, 1 SG or Commander)	SIGNATURE	DATE
11. <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b> <input type="checkbox"/> <b>LOAN</b> <input type="checkbox"/> <b>GRANT</b>		
PRINTED (OSMRF Representative)	SIGNATURE	DATE

# INSTRUCTIONS

## SECTION I – COMPLETED BY APPLICANT

This form is to be typed or printed

All blocks MUST be filled in, Incomplete applications will not be accepted.

1. Last Name, First Name, Middle Initial
  - 1a. Rank
  - 1b. Social Security Number
  - 1c. Home address/home phone number
2. Applicant's unit, unit address, & payroll number(PRN)
3. Already filled out
4. Applicant must fill in all blanks and FULLY explain what has caused the emergency situation. Also, applicant must state if the situation they are facing is a Personal Hardship and not an Emergency. To include in this block is any and all community services that they applicant has applied to and whether or not they have been accepted or denied.
5. This block is used to list bills and amounts due that the loan will applied towards. All copied of billing statements and or rental/mortgage agreements listed in this block must accompany the application.
6. Self explanatory

## SECTION II – COMPLETED UNIT

7. 7a thru 8 to be filled out by unit representative.
  - 7a. ETS date
  - 7b. Drill attendance ( 100%, awol, unsat, etc...), have they attended all drill drills?
  - 7c. Unfavorable actions: Flags, Article 15s, AWOLs, etc
  - 7d. Is the soldier on Sure Pay?
  - 7e. Current TOTAL household income, if married include ~~spouses~~ spouse income
  - 7f. Projected NET household income
  - 7g. Name of who from unit has counseled the applicant.
8. **If the Family Readiness Group has comments bearing on the situation, enter them here.**

## SECTION III – APPROVING AUTHORITIES

9. Must be signed by the unit Family Assistance Specialist
10. Must be signed by a Unit Senior Sgt, 1SG or Unit Commander (no exceptions) and checked approved or not approved, and loan or grant indicated.
11. Must be signed by the OSMRFBOD member and checked approved or not approved and either loan or grant indicated.

**OREGON SERVICE MEMBER RELIEF FUND**

**PROMISSORY NOTE**

**INSTRUCTIONS ON REVERSE**

**SECTION I - LOAN INFORMATION**

1. NAME (LAST, FIRST MI.)	2. RANK	3. SSN	4. ETS	5. DATE
6. TOTAL LOAN AMOUNT (a)	8. HOME ADDRESS (Include home phone)		9. UNIT ADDRESS	
7. MONTHLY PAYMENT (c) (See item 10)				
10. LOAN PAYMENT CALCULATOR (12 Month Maximum duration for repayment of loan amount) Amount of loan _____ divided by <u>12</u> equal payments per month equals: _____ Payments starting 90 days after the application has been submitted. Start date of payments: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Day</span> <span>Month</span> <span>Year</span> </div>				

**SECTION II - LOAN AGREEMENT**

11. LOAN AMOUNT

a. Whereas, I am receiving a no-interest loan from the Oregon Service Members Relief Fund on \_\_\_\_\_ In the amount of \_\_\_\_\_ dollars.  
(a) Day Month Year

**AND**

b. Whereas, I agree to repay the aforesaid loan in full, prior to my current Expiration Term of Service (ETS) on \_\_\_\_\_ in accordance with the terms listed below.  
Day Month Year

**AND**

c. Whereas, I understand the availability of Oregon Service Member Relief Fund assistance to Oregon National Guard members depends on the repayment of loans like mine.

d. Payments must be mailed to: Oregon Military Department, ATTN: RSO-OSMRF, PO Box 14350, Salem, OR 97309-5047

12. REPAYMENT OF LOAN NOW THEREFORE:

I promise to repay the Oregon Service Member Relief Fund (OSMRF) the sum of \_\_\_\_\_ dollars with no interest thereon, payable in the amount of \_\_\_\_\_ dollars per month commencing on \_\_\_\_\_ with the last payment due on the \_\_\_\_\_ of \_\_\_\_\_ .  
(a) Day Month Year  
(c) Day Month Year

13. DEFAULT OF LOAN

**a. If default is made with any installment or part of any installment when the payment is due, then the entire principal amount of the loan shall become immediately due and payable at the option of the holder of this note without notice.**

**b. In the event of a suit to recover the amount of this loan is commenced, I agree to payment of such additional sums as any attorney and court fees as may be adjudged reasonable**

14. BORROWER (I have received a copy of this note and agree to all terms and conditions set herein)

PRINTED NAME	SIGNATURE	DATE
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15. WITNESS

PRINTED NAME AND TITLE	SIGNATURE	DATE
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INSTRUCTIONS  
OREGON SERVICE MEMBER RELIEF FUND  
PROMISSORY NOTE

1. NAME: All in capital letters using the LAST, FIRST, MI. format.
2. RANK: 3 character military abbreviations of soldiers rank i.e. SSG or CPT, not the pay grade.
3. SSN: Soldiers "Social Security Number" or Service number.
4. ETS: "Expiration Term of Service" of Soldier who is borrowing funds from the Oregon Service Members Relief Fund (OSMRF)
5. DATE: Date this promissory note is completed. All dates will be in the Day, Month, Year format. The month will be spelled out in full and Year in four digit format.

Example: 16 November 2004

6. TOTAL LOAN AMOUNT: (a) Enter amount from block 4 of AGO Form 112.
7. MONTHLY PAYMENT: (c) See item 10 for amount

8. HOME ADDRESS:

Format:            Street Address  
                      City, State, Zip Code

9. UNIT ADDRESS:

Format:            Unit  
                      Street Address  
                      City, State, Zip Code

10. LOAN PAYMENT CALCULATOR: The total balance of the loan is due prior to the borrowers ETS or within 15 months from the approval of the loan whichever is of the shortest duration. Divide the borrowed amount (a) by the number of months (b) remaining before the ETS (if less than 12), this gives the monthly payment (c) required to repay the loan.

Example:

$$\frac{\$ 2500.00}{\text{Loan (a)}} \div \frac{8}{\text{Months (b)}} = \frac{\$ 312.50}{\text{Monthly Payment(c)}}$$

- 11a. AGREEMENT OF LOAN: Date and dollar amount (a) of loan
- 11b. AGREEMENT TO REPAY: Before ETS

12. REPAYMENT OF LOAN: explains in written terms
13. DEFAULT OF PAYMENT: this item explains to the borrower the terms if the loan goes into default
14. BORROWER SIGNATURE BLOCK:
15. WITNESS SIGNATURE BLOCK: