

ARMY EMERGENCY RELIEF—APPLICATION FOR FINANCIAL ASSISTANCE

For use of this form, see AR 930-4, AERO Section Reference Manual, or www.aerhq.org

SERVICE MEMBER'S INFORMATION:

1. Name (Last, First MI)		2. DOB	3a. DOD ID#: _____
			3b. SSN: _____
4. Rank	5. Branch	6. Component	
	USA USMC USN USAF USCG	ACTIVE	NATIONAL GUARD RESERVES

7. Duty Status (For Survivors enter the Duty Status at the time of the Service Member's passing and provide date deceased)

ACTIVE	ETS Date	Provide copy of most recent end of month LES		
AGR	REFRAD Date	Provide copy of Title 10 AGR orders or amendment, showing current period of service or REFRAD date and most recent end of month LES		
TITLE 10	Start Date	End Date	# of Days	Provide copy of Title 10 Orders and most recent end of month LES
RETIRED	Retirement Date	8a. Are you medically Retired? Yes No		
		8b. If yes to 8a, are you enrolled in the Army Wounded Warrior (AW2) Program? Yes No		
		8c. If yes to AW2, who is your AW2 Advocate? _____		
		8d. Advocate's phone #: _____		

9a. UNIT (Retired leave blank)	9b. INSTALLATION	9c. UIC (last 5 of PACIDN on LES)
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10. Applicant if other than Service Member

10a. Name (Last, First MI)	10b. DOB	10c. Date of Marriage	10d. DOD ID# or SSN
10e. Applicant Relationship to Sponsor SPOUSE CHILD PARENT WARD OTHER _____		10f. Special Power of Attorney (SPOA) YES (INCLUDE COPY) NO	

11. ADDRESS

11a. House Number and Street				Apt #
11b. City	11c. State	11d. Zip Code	11e. Country (if outside US)	
12. Phone		13. Email: Personal _____ Military _____		

14. Dependents: YES (List Below) NO

Name	Age	Relationship	ID Card holder	Name	Age	Relationship	ID Card Holder
			Yes No				Yes No
			Yes No				Yes No
			Yes No				Yes No
			Yes No				Yes No

15. Are you currently in bankruptcy or do you plan to file for bankruptcy within the next 6 months? NO YES under Chapter 7 13

FAILURE TO REVEAL CURRENT BANKRUPTCY OR INTENT TO FILE CONSTITUTES FRAUD AND MAY RESULT IN PERMANENT RESTRICTION FROM FUTURE AER ASSISTANCE.

16. TYPE OF REQUEST

- CDR/1SG QUICK ASSIST PROGRAM (QAP)** **COMPLETE BLOCKS 17 thru 24** **ARMY AD/AGR only**; max up to \$2,000; one QAP at a time and must be repaid in full before new QAP; no more than 2 QAP in 12 months; repay within 15 months and at least 2 months prior to ETS; no grants or partial grants with exception of bona fide emergency travel.
- ROUTINE** **COMPLETE BLOCKS 17 thru 20 and if necessary 21 thru 24**** Active Duty, AGR, Title 10, Retired, AW2, Survivor, Other Branch, Eligible Dependent

****CDR/1SG signature is required under the following situations:** 1. All QAP requests 2. Soldier has less than 12 months TIS 3. Soldier is in IET 4. Soldier has 2 or more AER requests within past 12 months 5. Soldier identified as "high risk" or included on the AER "restricted list."

17. List the specific expenses you need help with (contact AER or visit www.aerhq.org for authorized categories and ensure there is a supporting document for each expense listed):

Expense	Amount	Expense	Amount
		Total Amount Requested:	\$ 0.00

18. If this financial need is related to a natural disaster or catastrophic event (i.e. hurricane, tornado, large scale fire, hail storm, etc.) enter the name of the event, month and year:

EVENT: _____ DATE: _____

19. Describe the reasons you need help with expenses listed above—what caused your financial need or emergency?

20a. Applicant Certification: I hereby authorize the Department of the Army to supply any requested information contained in my official Army personnel and pay files in connection with this assistance. I further authorize the Department of the Army, or any U.S. Government agency, to supply my last home address, and/or official military address to AER whenever requested. I further understand that AER is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by AER to the Army and/or other U.S. Government agencies in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.

20b. Signature

20c. Date

UNIT COMMANDER OR FIRST SERGEANT (ensure expenses are itemized in block 17, need is explained in block 19 and complete block 21 thru 24)

21. The Service Member is pending elimination from the service? Yes No If yes, expected separation date? _____

22. REQUEST IS:

Approved (Contingent on AERO review and compliance with AER policies.) Approved Amount \$ _____

Disapproved. Soldier has been informed of reason for disapproval.

23. _____ (CDR/1SG Initials) I have assessed the Soldier's financial well-being, member has the ability to repay the loan. Yes No

24a. CDR/1SG Printed Name

24b. Signature

24c. Date

24d. Military email address

24e. Phone

.mil@mail.mil

Army Emergency Relief (AER) Budget Sheet

NAME: _____

Client ID: _____

Instructions: Use monthly averages for your income and expenses. Do not use current amounts due as this may not accurately reflect your budget. If you are in transition to medical retirement - use projected income as provided by PEBLO.

1	MONTHLY INCOME	AMOUNT		2	MONTHLY EXPENSES	AMOUNT
	Service Member's Income				Food	
	Military/Retired Pay (DFAS)				Rent	
	VA Disability				Mortgage	
	Civilian Salary/Earnings				Utilities:	
	CRSC				Electric	
	Social Security Disability				Water/Sewer	
	Social Security Retirement				Cable	
	GI Bill				Internet	
	VOCREHAB				Home Heating Oil/Gas	
	Child Support				Home Phone	
	Spouse's Income:				Trash	
	Civilian Salary/Earnings				Cell Phone	
	Retirement Pay				Vehicle Expenses:	
	Social Security				Fuel or Public Transportation	
	Social Security Disability				Maintenance	
	Caretaker Stipend				Payment - Vehicle 1	
	Dependency and Indemnity Comp (DIC)				Payment - Vehicle 2	
	Child Support				Meals Eating Out	
	SBP				Recreation	
	VA Widow Tax Pension				Church/Charity	
	Dependent Children Income:				Clothing	
	Civilian Salary/Earnings				Incidentals/Supplies	
	Social Security				Insurance:	
	GI Bill				Life	
	Caretaker Stipend				Vehicle	
	Other Income:				Renter's/Home	
	Help from other family members				Health Insurance	
	Rental Property Income				Dental Insurance	
	Investment Income				Child Care	
	Food Stamps				Child School Expenses	
	WIC				Child Support (Payments)	
	Other:				Medical Bills	
	Other:				Dental Bills	
	Notes:				Garnishment	
					Investments:	
					TSP/IRA	
					Mutual Funds/Stocks	
					Savings	
					Other	
					Credit Cards:	
					Card #1	
					Card #2	
					Card #3	
					Personal Loans:	
					Loan #1	
					Loan #2	
					Loan #3	
					Student Loan	
					Taxes:	
					Federal Income tax	
					State Income tax	
					Medicare	
					Social Security	
					Other Taxes (City/Local)	
					Other:	
					Other:	
					Other:	
1	TOTAL INCOME		\$0.00			
2	TOTAL EXPENSES	-		← TOTAL		
3	BALANCE Circle one (+ or -)	=				