



# Privacy Act Data Cover Sheet

To be used on  
all documents  
containing personal  
information

## DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. **DO NOT** drop off with a third-party.

The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s).

# Privacy Act Data Cover Sheet

# ARMY EMERGENCY RELIEF - APPLICATION FOR FINANCIAL ASSISTANCE

For use of this form see AR 930-4, AERO Section Reference Manual or [www.aerhq.org](http://www.aerhq.org)

Documents required are based on your financial need (the expenses you need help with). The below list of documents are generally required to start a financial request; however, additional documents may be necessary to fully resolve your application. Contact your local AER office to discuss your request and find out what supporting documents you will need to help expedite your request for financial assistance.

\_\_\_ **Military ID** (*All*)

\_\_\_ **Budget (AER Form 57)** or locally produced budget (*All Routine Requests*)

\_\_\_ **LES or ERAS (current EOM)** (*Leave and Earning Statement or Electronic Retirement Account Statement*)(*ALL*)

\_\_\_ **VA Disability Letter** (*Retired only*) or **PEBLO Estimated Disability Compensation Worksheet** (*DA Form 5892*) (*if in transition to medical retirement*)

\_\_\_ **Civilian Pay Statements/Other Sources of Income (social security, SBP, etc.)** (*if applicable*) (*Retired, Spouse, Survivors*)

\_\_\_ **Special Power of Attorney or Allotment Authorization** (*if applicant is other than the Service Member*)

\_\_\_ **Trustee approval in writing** (*if currently under bankruptcy*)

\_\_\_ **DA Form 31 (Leave form) w/control number** (*for emergency leave, leave under emergency conditions, PCS expenses, transition leave if Retiring or on leave from home duty station and need financial assistance*)

\_\_\_ **AER Form 731 (Emergency Leave in Loco Parentis (Affidavit))** (*only for emergency travel involving loco parentis - see AR 600-8-10, chapter 6 for loco parentis criteria*)

\_\_\_ **TITLE 10 ORDERS (AGR, Reserve, National Guard)** (*showing current period of service or REFRAD date*)

\_\_\_ **PCS orders** (*if for PCS related expenses, initial rent and deposit upon relocation, Spouse re-licensing/recertification, essential furniture, immigration fees*)

\_\_\_ **Vehicle Registration, Insurance card and driver's license** (*when the request includes fuel, vehicle repairs, insurance premium or deductible, vehicle payment, replacement vehicle, car seat or travel by POV*)

\_\_\_ **Document(s) validating the circumstances that caused your financial need** (*i.e. bank statement or police report for loss or theft of funds, receipts for expenses paid that caused your shortage of funds, medical statements validating circumstances, etc.*) (*All Routine Requests*)

\_\_\_ **Document(s) validating the expense(s) you need help with** (*examples include: estimates for repairs, utility bills, car payment notice, lease or mortgage statement, estimates for funeral expenses, estimates for travel expenses, cranial helmets, special medical needs, dental treatment plan, etc.*) (*All Routine Requests*)

\_\_\_ **Other document(s) as identified after initial review/submission of your request** (*if required*):

---

---

---

---

# 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	6. Branch			7. Component	
5. BASD	USA	USMC	USN	USAF	USCG
		ACTIVE		NATIONAL GUARD	
				RESERVES	
8. Duty Status (For Survivors enter the Duty Status at the time of the Service Member's passing and provide date deceased )					
<b>ACTIVE</b>	<b>ETS Date</b>	Provide copy of most recent end of month LES			
<b>AGR</b>	<b>REFRAD Date</b>	Provide copy of Title 10 AGR orders or amendment, showing current period of service or REFRAD date <b>and</b> most recent end of month LES			
<b>TITLE 10</b>	<b>Start Date</b>	<b>End Date</b>	<b># of Days</b>	Provide copy of Title 10 Orders <b>and</b> most recent end of month LES	
<b>RETIRED</b>	<b>Retirement Date</b>	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)	

**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.

<b>16. TYPE OF REQUEST</b>			
<b>CDR/1SG QUICK ASSIST PROGRAM (QAP)</b>	<b>COMPLETE BLOCKS 17 thru 25</b>	<b>ARMY AD/AGR <i>only</i></b> ; 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.	
<b>DIRECT ACCESS</b>	<b>COMPLETE BLOCKS 17 thru 20</b>	<b>ARMY AD/AGR/T10 <i>only</i></b> if you do not meet one of the four safeguards listed below; 1. Less than 12 months of service. 2. Currently in training. 3. Two AER assists in less than 12 months. 4. You are marked as High Risk.	
<b>ROUTINE</b>	<b>COMPLETE BLOCKS 17 thru 20 and if Active Duty/AGR/Title 10 21 thru 25*</b>	All individuals not eligible for one of the above programs. This Includes AD/AGR/T10 Members who fall into one of the 4 safeguards listed above and Retired, AW2, and Surviving Spouses.	
17. List the specific expenses you need help with (contact AER or visit <a href="http://www.aerhq.org">www.aerhq.org</a> for authorized categories <b>and ensure there is a supporting document for each expense listed</b> ):			
<i>Expense</i>	<i>Amount</i>	<i>Expense</i>	<i>Amount</i>
		Total Amount Requested:	\$
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	
<b>UNIT COMMANDER OR FIRST SERGEANT</b> ( <i>ensure expenses are itemized in block 17, need is explained in block 19 and complete block 21 thru 24</i> )			
21. The Service Member is pending elimination from the service? <b>Yes No</b> 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. <b>Yes No</b>			
***Needs to be completed if SM is not eligible for Direct Access			
24a. _____ (CDR/1SG Initials) This is the 3rd request in 12 months and needs your concurrence for the request to be considered.			
24b. Date: _____ Amount: _____ / Date: _____ Amount: _____ Current Balance: _____ Approve: <b>Yes No</b>			
25a. CDR/1SG Printed Name, Rank		25b. Signature	
25d. Military email address		25e. Phone	

# PERSONAL BUDGET WORKSHEET

**Last Name** \_\_\_\_\_  
**First Name** \_\_\_\_\_  
**Unit** \_\_\_\_\_  
**Number in Family** \_\_\_\_\_

**Date** \_\_\_\_\_  
**Rank** \_\_\_\_\_  
**SSN - last four** \_\_\_\_\_  
**On/Off Post** \_\_\_\_\_

**RATIO SUMMARY**

**DEBT TO INCOME**

\_\_\_\_\_

**RETIREMENT**

\_\_\_\_\_

**CAR PAYMENT**

\_\_\_\_\_

**BAH USAGE**

\_\_\_\_\_

**HOURLY WAGE**

\_\_\_\_\_

**Income**

BASE PAY	_____
BAS	_____
BAH	_____
COLA	_____
SPECIAL PAY	_____
FAMILY SEPERATION	_____
SPOUSE INCOME	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
<b>Total Income (1)</b>	_____

**Deductions**

FED TAX	_____
FICA - SOC SEC	_____
FICA - MEDICARE	_____
SGLI	_____
STATE TAXES	_____
AFRH	_____
MEAL DEDUCTIONS	_____
DENTAL	_____
FAMILY SGLI	_____
*ROTH TSP	_____
*TRAD TSP	_____
	_____
	_____
	_____
	_____
	_____
<b>Total Deductions (2)</b>	_____

**Expenses**

RENT / MORTGAGE	_____
WATER / ELECTRIC	_____
CELL PHONE	_____
GROCERIES	_____
OUT OF HOME FOOD	_____
FUEL / GAS	_____
ENTERTAINMENT	_____
INTERNET CABLE	_____
CAR / RENTERS INS	_____
LIFE INSURANCE	_____
HAIRCUTS	_____
	_____
	_____
	_____
	_____
	_____
	_____
<b>Total Expenses (3)</b>	_____

**Creditors**

	Payment	Balance	% or NSF Fee
CAR PAYMENT	_____	_____	_____
CAR PAYMENT	_____	_____	_____
AER LOAN	_____	_____	_____
OMNI	_____	_____	_____
PIONEER	_____	_____	_____
STAR CARD	_____	_____	_____
CREDIT CARD 1	_____	_____	_____
CREDIT CARD 2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Creditor Totals (4)</b>	_____	_____	_____

1	INCOME
2	DEDUCTIONS
3	EXPENSES
4	DEBT

(1 - 2 - 3 - 4 = total)

<b>Surplus / (Deficit)</b>	_____
----------------------------	-------

**ARMY EMERGENCY RELIEF (AER)  
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AND PROMISSORY NOTE**

Effective Date \_\_\_\_\_ DODID or AER Client ID: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I hereby authorize AER to (1) directly deposit funds into the bank account listed below, or (2) to correct any EFT errors or overpayments by debiting my account to correct the error, or (3) in the event I am provided an interest-free loan, to debit monthly payments to AER through EFT from this same account. This form serves as a promissory note to establish repayment in conjunction with AER Form 52 (Allotment Authorization/Promissory Note).

I have attached a voided check, deposit slip or screenshot for the account specified below. This authorization is to remain in force until Army Emergency Relief (AER) receives my written authorization to either terminate or change my direct deposit or my loan is paid in full.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCOUNT INFORMATION**

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

TYPE OF ACCOUNT (Check one):       Checking       Savings

ACCOUNT NUMBER: \_\_\_\_\_

BANK/ABA ROUTING NUMBER: \_\_\_\_\_

Please mail or fax completed form to:      Army Emergency Relief  
2530 Crystal Drive  
13<sup>th</sup> Floor, Room 13161  
Arlington, VA 22202

Fax: 703-602-9944

AER Form 575 (October 2019)