

ARMY EMERGENCY RELIEF - APPLICATION FOR FINANCIAL ASSISTANCE

For use of this form see AR 930-4, AERO Section Reference Manual or 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):

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SERVICE MEMBER'S INFORMATION:

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

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

<input type="checkbox"/> ACTIVE	ETS Date	Provide copy of most recent end of month LES		
<input type="checkbox"/> 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		
<input type="checkbox"/> TITLE 10	Start Date	End Date	# of Days	Provide copy of Title 10 Orders and most recent end of month LES
<input type="checkbox"/> RETIRED	Retirement Date	8a. Are you medically Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No 8b. If yes to 8a, are you enrolled in the Army Wounded Warrior (AW2) Program? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> WARD <input type="checkbox"/> OTHER _____		10f. Special Power of Attorney (SPOA) <input type="checkbox"/> YES (INCLUDE COPY) <input type="checkbox"/> 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
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> 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:	\$

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 transtion 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	
	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				
2	TOTAL EXPENSES	-		TOTAL	
3	BALANCE Circle one (+ or -)	=			