



ARMY EMERGENCY RELIEF APPLICATION PACKET

Need Financial Assistance?

What type of assistance is available?

AER can provide assistance for:

- Rent/Mortgage
- Vehicle repair
- Emergency travel
- Utilities/Deposits
- Funeral expenses
- Food
- Non-receipt of pay
- Travel fund for relocation (PCS)
- Dependent dental
- Medical expenses
- Repair/Replacement of HVAC
- Repair/Replacement of major appliances
- Replacement vehicle
- Loss of funds
- Cranial helmets
- Essential furniture
- Car seats
- Rental vehicle

Certain rules and restrictions may apply.

AER does not provide funds:

- For nonessentials
- To finance ordinary leave or vacation
- To pay fines or legal expenses
- To liquidate or consolidate debt
- For purchase of home or home improvements
- To cover bad checks or pay credit card bills

APPLICANTS MUST SCHEDULE AN APPOINTMENT

If you will be more than 15 minutes late for your appointment, you will need to call and reschedule.

No Appointment Is Needed For Red Cross Emergencies

In addition to AER Form 700 and LES, Soldier must have the Red Cross Case # or the signed DA Form 31

After-hours, contact the Red Cross at 877-272-7337 for EMERGENCY TRAVEL assistance only



Army Community Service

830 Chisholm Avenue

Fort George G. Meade

301-677-5590

FAX: 301-677-2910

Monday-Friday

0730-1600

Visit www.aerhq.org for additional information

AER REQUIRED DOCUMENTATION

(for all categories of assistance)

- Completed AER Application Form
- ACS Client Information Sheet
- AER Budget Sheet (AER Form 57-R)
- Military ID and LES
- Bank Account Statement
- Title 10 Orders (Reserve or National Guard on Active Duty)
- Special Power of Attorney or AER Form 53 (for Spouse applicants)
- Substantiating Documentation

Examples of Substantiating Documentation:

Income Verification

- ___ Current LES: EOM and mid-month (if mid-month is available)
- ___ Current Retiree Account Statement from DFAS
- ___ Current VA Disability pay verification (bank deposits)
- ___ Spouse's current earnings statement

Emergency Travel

- ___ DA 31 Emergency Leave Form with Control Number (if Ordinary Leave is marked, the following statement MUST be included "That approval for ordinary leave is in accordance with the parameters of Para 6-1(f), AR 600-8-10)
- ___ Travel quotes
- ___ Lodging quotes, if needed
- ___ Rental car quotes, if needed

Essential POV

- ___ Current Registration, Proof of Insurance Card, and Valid Driver's License needed for ALL Types of Assistance
- TYPE OF ASSISTANCE NEEDED:**
- ___ Insurance Deductible: Copy of repair estimate indicating deductible
 - ___ Insurance Payment: Copy of most recent Insurance Bill
 - ___ Monthly Payment: Copy of most recent late notice or most recent statement
 - ___ Repairs: Two written itemized estimates if vehicle is operable; one written itemized estimate if inoperable.
 - ___ List of itemized parts and cost if completing own repairs
 - ___ Rental car quotes if rental is needed during repairs
 - ___ Replacement Vehicle
 - ___ Copy of Kelly Blue Book or NADA quotes of vehicle worth
 - ___ Budget supporting payments for AER and car loan

Funeral Assistance

- For Soldiers or Survivors, Casualty Assistance Officer or Representative should be with applicant on first visit
- ___ CAO determined eligibility of deceased for SGLI/FSGLI
 - ___ Written estimate of all funeral costs or associated costs

Furniture

- Basic furniture needs only
- ___ Written list of required items, prices quotes

Miscellaneous Documents

- ___ Last 60 – 90 days of current bank transactions, all accounts
- ___ Budget (may be obtained with the help of a financial counselor in the Financial Readiness Program)
- ___ Exception to Policy memo
- ___ Plan of Action, detailed and written
- ___ Spending Plan
- OTHER:

Housing Assistance:

TYPE OF ASSISTANCE NEEDED:

- ___ **Initial Rent/Deposit:** Welcome letter or contract with itemized details of move-in costs needed or rent contract with breakdown of move-in costs; pet fees not eligible for assistance
- ___ **Existing Rent:** Rent contract showing tenants/monthly rent
 - ___ Resident Ledger showing balance owed
 - ___ Copy of three day pay or vacate notice
 - ___ Court order eviction notice
- ___ **Mortgage Monthly Payment:** Copy of most recent late notice or most recent payment history statement
- ___ Repairs to home: copy of estimate for emergency repairs

Medical/Dental Expenses

Assistance may be provided for emergency care when medical or dental insurance will not cover all valid expenses and **ONLY** when other payment arrangements with medical provider cannot be made.

- ___ Copy of estimate for the emergency portion of the procedure
- ___ Written and signed statement from doctor's office stating unavailability of payment plan.

Utility Bills

Copy of the most recent bill or cut-off notice must be provided showing the amount owed and the along with the name of resident(s)

TYPE OF ASSISTANCE NEEDED:

- ___ Electric
- ___ Gas (natural or propane)
- ___ Oil
- ___ Phone
- ___ Sewer
- ___ Trash
- ___ Water
- ___ Other (Please specify) _____

ARMY COMMUNITY SERVICE CLIENT INFORMATION SHEET

PRIVACY ACT STATEMENT

Authority: Title 10, U.S.C., SECTION 3013

Principal Uses: To collect data necessary to enroll DOD personnel and their family members in the Army Community Service client database. Also used as a tool to aid in delivery of services to DOD personnel and their family members. Statistical data will be provided to Department of the Army.

Routine Uses: Used as a record of (1) services requested; (2) services delivered; and (3) actions or services agreed upon. Upon data entry, form will be filed.

Disclosure: Disclosure of information is voluntary. Failure to provide required information may result in the inability of Army Community Service to provide appropriate professional and/or development services to the individual.

TODAY'S DATE: _____

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____ **SUFFIX:** _____

BIRTH DATE: _____ **GENDER:** Male Female

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME/CELL TELEPHONE # (with area code): _____

WORK TELEPHONE # (with area code): _____ **EXT:** _____

EMAIL ADDRESS: _____

MARITAL STATUS: (select the most appropriate)

- Single Separated Divorced
 Single Parent Dual Military Widow(er)
 Married

Date Married: _____ **Times Married:** _____

RELATION TO SPONSOR: Self Spouse Child Other

This section MUST be completed even if you are the sponsor.

SPONSOR LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

SPONSOR'S DOB: _____ **PAY GRADE:** _____

SPONSOR'S STATUS:

- Active Retired Gov't Civilian
 Reserve/National Guard Deceased Not Applicable

SPONSOR'S BRANCH OF SERVICE:

- Army Air Force Coast Guard
 Navy Marines

SPONSOR'S MILITARY UNIT: _____

IS THIS THE SPONSOR'S INITIAL TERM OF SERVICE? (Fill the circle if "Yes")

DEPENDENTS:

Name: _____	DOB: __/__/____	Relationship: _____
<input type="radio"/> Lives with Sponsor	or (MM/DD/YYYY)	Location: _____
Name: _____	DOB: __/__/____	Relationship: _____
<input type="radio"/> Lives with Sponsor	or (MM/DD/YYYY)	Location: _____
Name: _____	DOB: __/__/____	Relationship: _____
<input type="radio"/> Lives with Sponsor	or (MM/DD/YYYY)	Location: _____
Name: _____	DOB: __/__/____	Relationship: _____
<input type="radio"/> Lives with Sponsor	or (MM/DD/YYYY)	Location: _____
Name: _____	DOB: __/__/____	Relationship: _____
<input type="radio"/> Lives with Sponsor	or (MM/DD/YYYY)	Location: _____

TYPE OF VISIT: Individual Couple Family

REASON FOR VISITING ACS: _____

REFERRED TO ACS BY: (select the most appropriate)

- | | | |
|---------------------------------------|--|---------------------------------|
| <input type="radio"/> Self-referral | <input type="radio"/> Command | <input type="radio"/> Volunteer |
| <input type="radio"/> JAG (Legal) | <input type="radio"/> Military Medical | <input type="radio"/> Other |
| <input type="radio"/> Civilian Agency | <input type="radio"/> Chaplain | |

HOW DID YOU HEAR ABOUT US? _____

The information you have provided will be used to establish your ACS Client record. This is a one-time requirement. Thank You.
Your cooperation is appreciated.

For Staff Use

**APPLICATION FOR ARMY EMERGENCY RELIEF
(AER) FINANCIAL ASSISTANCE**

1. Soldier's Name (<i>Last, first, MI</i>)			2. Unit		3. ETS/RET Date	4. SSN or AER Client ID #
5. Branch	6. Rank		7. Home or Permanent Mailing Address of Soldier, Retiree, Dependent or Surviving Family Member; Phone and Email Address			
Regular Army	Retired	Dependent				
USAR	ARNG	Survivor				
8. Applicant's name and relationship (<i>If other than Soldier or Retiree</i>)					9. Special Power of Attorney Yes No	
10. Reason (<i>Provide a brief summary of the circumstances causing your emergency financial need. If more space is needed, continue on separate sheet</i>):						
11. List the specific item(s) that are required to meet the emergency financial need:						
						\$ _____
						\$ _____
						\$ _____
						\$ _____
						\$ _____
						\$ _____
						Total \$ _____
12. Applicant's 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 agency, to supply my latest 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 in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.						
12a. Signature of Applicant					12b. Date	
13. Unit Commander or First Sergeant Review of Active Duty Applicant (<i>Required for all Soldiers not eligible for Direct Access</i>)						
13a. I have reviewed Soldier's request for AER assistance and recommend:			Approval		Disapproval	
<i>Indicate reason for approval or disapproval recommendation:</i>						
13b. Soldier Is or Is not Pending Elimination From The Army.						
13c. Name/Rank of Company Commander or First Sergeant, Signature, Phone #, and Email					13d. Date	
14. Action by AER Officer						
14a. Request is: Approved. Loan Amount \$ _____ Grant Amount \$ _____						
Disapproved. Soldier and Commander have been informed of the reasons for disapproval.						
Forwarded to the Level II and/or III Approving Official for action.						
14b. Name of AER Officer and Signature					14c. Date	



Army Emergency Relief (AER) Budget Sheet

For use of this form see the AER Section Reference Manual

Name:	AER Client ID:
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Complete blocks 1 through 8 ensuring block 8 reflects a balance.

1	BASE MONTHLY ENTITLEMENTS	AMOUNT	2	FIXED MONTHLY EXPENDITURES	AMOUNT
a	Military/Retired Pay		a	Food	
b	BAS		b	Rent/Mortgage	
c	BAH		c	Utilities (Electricity/Water/Sewer/Gas)	
d	Special Duty Pay		d	Phone/Internet/Cable	
e	Spouse Income		e	Cell Phone	
f	Survivor Income		f	Other	
g	Other		g	Other	
h	Other		h	Other	
i	Other		i	Other	
j	Other		j	Other	
k	Other		k	Other	
l			l	Total Indebtedness from block 3f	
1l	TOTAL MONTHLY ENTITLEMENTS (block 5)		2l	TOTAL MONTHLY EXPENDITURES (block 6)	

3 INDEBTEDNESS (Transfer amount monthly payments from block 3f to block 1l)								
	CREDITOR	DATE INCURRED	ORIGINAL AMOUNT	PURPOSE	MONTHLY AMOUNT	DATE LAST PYMT	BALANCE DUE	DATE VERIFIED
a								
b								
c								
d								
e								
3f	TOTAL MONTHLY PAYMENTS					TOTAL DUE		

4 DEDUCTIONS (INCLUDED IN GROSS ENTITLEMENTS)					
	ITEM	AMOUNT		ITEM	AMOUNT
a	Federal Income Tax		g	TSP	
b	Social Security (FICA)		h	Other	
c	Medicare		i	Other Allotment 1	
d	State Income Tax		j	Other Allotment 2	
e	Insurance (SGLI/TSGLI/FSGLI)		k	Other Allotment 3	
f	Dental Plan		l	Other Allotment 4	
4m	TOTAL DEDUCTIONS				

5	TOTAL MONTHLY ENTITLEMENTS (amount from Box 1l)	
6	TOTAL MONTHLY EXPENDITURES (amount from Box 2l)	
7	TOTAL DEDUCTIONS (amount from Box 4m)	
8	BALANCE: + OR (-)	

NOTE: A Soldier's monthly surplus does not automatically dictate rendering a decision to provide a loan. Full or Partial grants should be considered in every case.