



# 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

**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](http://www.aerhq.org) for additional information

# AER REQUIRED DOCUMENTATION

- Completed AER Form 700
- ACS Client Information Sheet
- AER Budget Sheet (AER Form 57-R)
- Military ID and LES
- 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:

|  |   |
|--|---|
| <p><b><u>Income Verification</u></b></p> <p><input type="checkbox"/> Current LES: EOM and mid-month (if mid-month is available)</p> <p><input type="checkbox"/> Current Retiree Account Statement from DFAS</p> <p><input type="checkbox"/> Current VA Disability pay verification (bank deposits)</p> <p><input type="checkbox"/> Spouse's current earnings statement</p>   | <p><b><u>Miscellaneous Documents</u></b></p> <p><input type="checkbox"/> Last 60 – 90 days of current bank transactions, all accounts</p> <p><input type="checkbox"/> Budget (may be obtained with the help of a financial counselor in the Financial Readiness Program)</p> <p><input type="checkbox"/> Exception to Policy memo</p> <p><input type="checkbox"/> Plan of Action, detailed and written</p> <p><input type="checkbox"/> Spending Plan</p> <p>OTHER:</p> <p>_____</p> <p>_____</p> <p>_____</p>   |
| <p><b><u>Emergency Travel</u></b></p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> Travel quotes</p> <p><input type="checkbox"/> Lodging quotes, if needed</p> <p><input type="checkbox"/> Rental car quotes, if needed</p>   | <p><b><u>Housing Assistance:</u></b></p> <p><b>TYPE OF ASSISTANCE NEEDED:</b></p> <p><input type="checkbox"/> <b>Initial Rent/Deposit:</b> 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</p> <p><input type="checkbox"/> <b>Existing Rent:</b> Rent contract showing tenants/monthly rent</p> <p><input type="checkbox"/> Resident Ledger showing balance owed</p> <p><input type="checkbox"/> Copy of three day pay or vacate notice</p> <p><input type="checkbox"/> Court order eviction notice</p> <p><input type="checkbox"/> <b>Mortgage Monthly Payment:</b> Copy of most recent late notice or most recent payment history statement</p> <p><input type="checkbox"/> Repairs to home: copy of estimate for emergency repairs</p> |
| <p><b><u>Essential POV</u></b></p> <p><input type="checkbox"/> Current Registration, Proof of Insurance Card, and Valid Driver's License needed for ALL Types of Assistance</p> <p><b>TYPE OF ASSISTANCE NEEDED:</b></p> <p><input type="checkbox"/> Insurance Deductible: Copy of repair estimate indicating deductible</p> <p><input type="checkbox"/> Insurance Payment: Copy of most recent Insurance Bill</p> <p><input type="checkbox"/> Monthly Payment: Copy of most recent late notice or most recent statement</p> <p><input type="checkbox"/> Repairs: Two written itemized estimates if vehicle is operable; one written itemized estimate if inoperable.</p> <p><input type="checkbox"/> List of itemized parts and cost if completing own repairs</p> <p><input type="checkbox"/> Rental car quotes if rental is needed during repairs</p> <p><input type="checkbox"/> Replacement Vehicle</p> <p><input type="checkbox"/> Copy of Kelly Blue Book or NADA quotes of vehicle worth</p> <p><input type="checkbox"/> Budget supporting payments for AER and car loan</p> | <p><b><u>Medical/Dental Expenses</u></b></p> <p><b>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.</b></p> <p><input type="checkbox"/> Copy of estimate for the emergency portion of the procedure</p> <p><input type="checkbox"/> Written and signed statement from doctor's office stating unavailability of payment plan.</p>  |
| <p><b><u>Funeral Assistance</u></b></p> <p>For Soldiers or Survivors, Casualty Assistance Officer or Representative should be with applicant on first visit</p> <p><input type="checkbox"/> CAO determined eligibility of deceased for SGLI/FSGLI</p> <p><input type="checkbox"/> Written estimate of all funeral costs or associated costs</p>  | <p><b><u>Utility Bills</u></b></p> <p><b>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)</b></p> <p><b>TYPE OF ASSISTANCE NEEDED:</b></p> <p><input type="checkbox"/> Electric      <input type="checkbox"/> Gas (natural or propane)      <input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Phone      <input type="checkbox"/> Sewer      <input type="checkbox"/> Trash</p> <p><input type="checkbox"/> Water      <input type="checkbox"/> Other (Please specify) _____</p>   |
| <p><b><u>Furniture</u></b></p> <p>Basic furniture needs only</p> <p><input type="checkbox"/> Written list of required items, prices quotes</p>   |   |

# 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**

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

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# Army Emergency Relief (AER) Budget Sheet

For use of this form see the AER Section Reference Manual

|              |                       |
|--------------|-----------------------|
| <b>Name:</b> | <b>AER Client ID:</b> |
|--------------|-----------------------|

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            |        |
| <b>1l</b> | <b>TOTAL MONTHLY ENTITLEMENTS (block 5)</b> |        | <b>2l</b> | <b>TOTAL MONTHLY EXPENDITURES (block 6)</b> |        |

| 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   |                               |               |                 |         |                |                  |             |               |
| <b>3f</b>   | <b>TOTAL MONTHLY PAYMENTS</b> |               |                 |         |                | <b>TOTAL DUE</b> |             |               |

| 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 |        |
| <b>4m</b>                                     | <b>TOTAL DEDUCTIONS</b>      |        |   |                   |        |

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

**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.