

Universal Emergency Relief Packet
Fort Gordon AER processes emergency financial assistance for ALL Services –
Air Force, Army, Navy, Marines and Coast Guard

Name: _____ Date: _____
SSN: _____ Unit: _____
DOB: _____ Phone: _____

AER can assist Active Duty Service Members and their Dependents, ARNG and USAR Service Members on active duty for more than 30 days and their dependents, Retirees and their dependents, and Surviving Spouses and Orphans of Soldiers who died while on active duty or after they retired.

ALL APPLICANTS MUST FURNISH THE FOLLOWING:

<https://gordon.armymwr.com/aer> – Army Community Service – Army Emergency Relief

- AER Form 700 or AER Form 600 - Request for Assistance
- Completed Budget Work Sheet
- Military ID Card
- Copy of current End of Month LES
- Copy of Spouse's income, if applicable (equivalent of one month of pay)
- Copy of Power of Attorney, if Spouse of a Service Member (must bring original)

ALSO THE FOLLOWING DOCUMENTS, AS APPLICABLE:

EMERGENCY TRAVEL:

- Signed DA Form 31 Leave Request (showing Emergency Leave or special language in remarks section if not charged as emergency leave)
- Itinerary with a quote (Carlson Wagonlit Travel, Rm 117, Darling Hall or Aladdin Travel are on-post)
- Invitational Travel Orders or TDY orders, if applicable

VEHICLE REPAIRS OR INSURANCE

- Copy of vehicle registration, proof of insurance and drivers license
- Copy of repair estimate quote (if applicable)
- Copy of insurance statement or insurance cancellation notice and quotes for new policy (if applicable)
- Copy of vehicle repossession notice (if applicable)

RENT OR UTILITIES

- Copy of pre-lease, lease or eviction notice
- Copy of utility deposit, statement or disconnection notice

***For further types of assistance, please ask what documentation will be required.**

ARMY EMERGENCY RELIEF OFFICE:

Appointments: (706) 791-3579

APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE									
1. Soldier's Name (Last, first, MI)			2. Unit			3. ETS/RET Date		4. SSN or AER Client ID #	
5. Applicant's name and relationship (If other than Soldier or Retired Soldier)					6. Sponsor's Phone #		7. Sponsor's Email Address		
8. Home or Permanent Mailing Address of Sponsor							9. Are you currently in bankruptcy or do you plan to file bankruptcy within the next six months? Yes No If Yes, what Chapter? _____		
10. Branch		11. Member Type		12. Special Power of Attorney					
Regular Army ARNG USAR _____	Active Dependent Retired Survivor	Yes No							
13. Reason (Provide a brief summary of the circumstances causing your emergency financial need.)									
14. List the specific item(s) that are required to meet the emergency financial need:									
								\$	_____

								Total	\$ _____
15. 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.									
15a. Signature of Applicant								15b. Date	
16. Unit Commander or First Sergeant Review of Active Duty Applicant (Required for all Soldiers not eligible for Direct Access)									
16a. I have reviewed Soldier's request for AER assistance and recommend: Approval Disapproval Indicate reason for approval or disapproval recommendation:									
16b. Soldier is or is not pending elimination from the Army.					16c. Name/Rank of Company Commander or First Sergeant				
16d. Company Commander or First Sergeant's Phone & Email					16e. Signature of Company Commander/First Sergeant			16f. Date	
17. Action by AER Officer									
17a. 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.									
17b. Name of AER Officer					17c. Signature of AER Officer				17d. Date

Bankruptcy Verification Form Purpose: AER is required to determine if an applicant is currently in Bankruptcy prior to providing assistance in the form of a loan. An individual affirming they are in Bankruptcy is not automatically disapproved for AER assistance. AER Officers will ensure that Applicants complete this form in conjunction with AER Forms 600 and 700.		1. Section Number	2. Rank
		3. SSN or AER Client ID #	
4. Soldier's Name (<i>Last, First, MI</i>)		5. ETS Date	
6a. Unit	6b. Soldier's Home or Permanent Mailing Address, Phone # and Email		
7. I certify that I am not currently in Bankruptcy. I certify that I am currently in Bankruptcy and that my current case is filed under Chapter _____ of the U.S. Bankruptcy Code. <i>(If this block is marked and Trustee information is available, please provide Trustee contact information in block 8 below)</i>			
8a. Trustee's Name (<i>Last, First, MI</i>)	8b. Phone Number	8c. Email Address	
9. Applicant Remarks (if necessary):			
10. 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 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 that the information provided on this verification form is complete, true and correct.			
11a. Signature of Applicant		11b. Date	
12. AER Officer Remarks (if necessary):			
13a. Name of AER Officer	13b. Signature	13c. Date	

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	
	Social Security			Cell Phone	
	Social Security Disability			Vehicle Expenses:	
	Caretaker Stipend			Fuel	
	Dependency and Indemnity Comp (DIC)			Maintenance	
	Child Support			Payment - Vehicle 1	
	SBP			Payment - Vehicle 2	
	VA Widow Tax Pension			Meals Eating Out	
	Dependent Children Income:			Recreation	
	Civilian Salary/Earnings			Church/Charity	
	Social Security			Clothing	
	GI Bill			Incidentals/Supplies	
	Caretaker Stipend			Insurance:	
	Other Income:			Life	
	Help from other family members			Vehicle	
	Rental Property Income			Renter's/Home	
	Investment Income			Health Insurance	
	Food Stamps			Dental Insurance	
	WIC			Child Care	
	Other:			Child School Expenses	
	Other:			Child Support (Payments)	
	Notes:			Medical Bills	
				Dental Bills	
				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	-			
3	BALANCE Circle one (+ or -)	=			

ARMY COMMUNITY SERVICE CLIENT INFORMATION SHEET

PRIVACY ACT STATEMENT

- PRINCIPAL:** 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.
-

DATE: _____ **YOUR SSN:** _____

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

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

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 | |

YOUR ELIGIBILITY STATUS: (select one)

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="radio"/> Active Duty | <input type="radio"/> Retired | <input type="radio"/> Family Member |
| <input type="radio"/> Reserve/National Guard | <input type="radio"/> Gov't Civilian | |

SPONSOR'S BRANCH OF SERVICE:

- | | | |
|----------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> Army | <input type="radio"/> Air Force | <input type="radio"/> Coast Guard |
| <input type="radio"/> Navy | <input type="radio"/> Marines | |

MARITAL STATUS: (select the most appropriate)

- | | | |
|--|---------------------------------|-------------------------------------|
| <input type="radio"/> Married _____ # of times | <input type="radio"/> Divorced | <input type="radio"/> Widow(er) |
| <input type="radio"/> Single | <input type="radio"/> Separated | <input type="radio"/> Dual Military |
| <input type="radio"/> Single Parent | | |

STREET ADDRESS: _____

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

HOME TELEPHONE # (with area code): _____

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

OTHER TELEPHONE (example: cell): _____

EMAIL ADDRESS: _____

EDUCATION LEVEL:

- | | | |
|--|-------------------------------------|--|
| <input type="radio"/> No HS | <input type="radio"/> 2 yrs college | <input type="radio"/> Post Baccalaureate |
| <input type="radio"/> HS | <input type="radio"/> AA | <input type="radio"/> MA/MS |
| <input type="radio"/> Occupational Training | <input type="radio"/> 3 yrs college | <input type="radio"/> Post Masters |
| <input type="radio"/> Less than 1 yr college | <input type="radio"/> 4 yrs college | <input type="radio"/> DD |
| <input type="radio"/> 1 yr college | <input type="radio"/> BA/BS | <input type="radio"/> PhD |

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

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

SPONSOR'S SSN: _____ **BIRTH DATE:** _____ **PAY GRADE:** _____

➤ **INITIAL TERM OF SERVICE?** (fill the circle if "Yes") ☐

SPONSOR'S STATUS:

- | | | |
|--|-------------------------------|--------------------------------------|
| <input type="radio"/> Active | <input type="radio"/> Retired | <input type="radio"/> Gov't Civilian |
| <input type="radio"/> Reserve/National Guard | | |

SPONSOR'S MILITARY UNIT: _____

TOTAL NUMBER OF HOUSEHOLD MEMBERS: _____

NAME OF FAMILY MEMBERS	AGE/RELATIONSHIP	DATE OF BIRTH

DATE MARRIED: _____

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.