

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 -)	=			

TOTAL

ARMY EMERGENCY RELIEF (AER) WIDOW QUESTIONNAIRE

PRINT OR TYPE INFORMATION

1. Applicant's Date of
Name: _____ Birth: _____ SSAN: _____
(Last, First, MI)

Address: _____ Zip Code: _____

Identification Card Expiration Date: _____

2. Deceased Soldier's
Name: _____ Grade: _____ SSAN: _____
(Last, First, MI)

Date of Death: _____ Active or Retired at Time of Death: _____

3. Date of Marriage: _____

Information for Each Living Dependent Child

	<u>Name</u>	<u>Date of Birth</u>	<u>ID Card Expiration Date</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

4. Were you married before? _____; if yes, number of children from prior marriage _____; Number now dependent on you _____; prior marriage ended by: Divorce(), Annulment(), Death() on (Date _____)

5. Was deceased soldier married before? _____; Soldier's prior marriage ended by Divorce (), Annulment (), Death () on Date _____

6. Income and Supplemental Benefits:

a. Did you or will you receive 6 months death gratuity pay? _____; Amount _____
date received or expected _____

b. Did you or will you receive government insurance? _____; Amount _____
date receive or expected _____

c. Did deceased soldier have civilian insurance? _____; Amount _____
date receive or expected _____

d. Are you receiving or have you applied for VA pension or DIC? _____
Amount being received _____; Amount expected _____

e. Are you receiving or have you applied for Social Security? _____; Amount _____

f. Are you receiving or do you expect Supplemental Security Income (SSI)? _____; Amount _____

- g. Are you receiving or do you expect payment from Retired Serviceman's Family Protection Plan (RSFPP) or from Survivor Benefit Plan (SBP)? _____; Amount _____
- h. Are your children receiving Social Security? _____; Amount _____
- i. Are you employed? _____; Type of employment _____
monthly earnings _____
- j. If not working, do you expect to work? _____; When? _____;
if not, why not? _____; if medically precluded, attached medical statement.
7. Do you own your home? _____; Purchase date _____; Cost _____
amount of monthly mortgage payment _____; balance remaining on mortgage _____
8. Do you use Military Medical Facilities? _____; where? _____
- a. If under 65, are you using the TRICARE? _____
- b. If over 65, have you applied for Medicare? _____
9. Have you received prior financial assistance from Army Emergency Relief? _____;
American Red Cross? _____; any other agencies? _____
(list names) _____
10. Are there relatives with whom you can live or who can assist you? _____;
give names and addresses _____

I am aware and acknowledge that confidential information required herein is essential for proper evaluation and provision of further assistance and is provided voluntarily. I authorize Headquarters, Army Emergency Relief to use as needed and to request from any other agency, any information relating to benefits to which I may be entitled.

(Signature of Applicant)

(Date)

Name and address of person completing this form if other than the applicant:

