

**You can now apply online at
www.armyemergencyrelief.org
(you do not need this form to apply online)**

Documents required are based on duty status and the expenses you need help with:

Military ID *(All)*

Budget (AER Form 57) or locally produced budget *(All Routine Requests)*

AER Form 575 (Verification and Authorization for Use of Financial Information) with screenshot or document validation account info)

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)*

Absence Request/Leave form w/ Command Approval *(for emergency or bereavement leave, ordinary leave under emergency conditions, PCS expenses, if Retiring or on leave from duty station and need financial help)*

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):*

ARMY EMERGENCY RELIEF—APPLICATION FOR FINANCIAL ASSISTANCE

For use of this form, see AR 930-4, AERO Section Reference Manual, or www.aerhq.org

SERVICE MEMBER'S INFORMATION:

1. Name (Last, First MI)		2. DOB		3a. DOD ID#:		3b. SSN: _____	
4. Rank	6. Branch			7. Component			
5. BASD	USA	USMC	USN	USAF	USCG	ACTIVE	NATIONAL GUARD RESERVES
8. Duty Status (For Survivors enter the Duty Status at the time of the Service Member's passing and provide date deceased)							
ACTIVE	ETS Date	Provide copy of most recent end of month LES					
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					
TITLE 10	Start Date	End Date	# of Days	Provide copy of Title 10 Orders and most recent end of month LES			
RETIRED	Retirement Date	8a. Are you medically Retired? Yes No		8b. If yes to 8a, are you enrolled in the Army Recovery Care Program? Yes No		8c. If yes to 8b provide name and phone # of your Regional Care Coordinator? _____	
9a. UNIT (Retired leave blank)			9b. INSTALLATION			9c. UIC (last 5 of PACIDN on LES)	
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 Service Member: SPOUSE CHILD PARENT WARD OTHER _____					10f. Special Power of Attorney (SPOA) YES (INCLUDE COPY) NO		

ADDRESS, CONTACT AND DEPENDENT INFORMATION:

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 (use a separate sheet to add additional Dependents if space runs out)									
<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>ID Card Holder</i>		<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>ID Card Holder</i>	
			Yes	No				Yes	No
			Yes	No				Yes	No
			Yes	No				Yes	No

BANKRUPTCY INFORMATION:

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.			

16a. Application Type (AVAILABLE ONLINE):

- | | |
|--|---------------------|
| Basic Needs, Housing & Family Support | Emergency Travel |
| Career Skills & Spouse Recertification | Health & Wellness |
| Disaster Relief | PCS Expenses/Travel |

16b. Application Type (NOT available online):

- Cdr/1SG Quick Assist Program (QAP)
- Max amount \$2,000
 - One QAP at a time, no more than 2 in 12 months
 - Must be repaid within 15 months
 - Limited to certain expenses
- Other

17. List the expenses you need help with (Full listing of what we can help with is available through online application):

Expense	Amount	Expense	Amount
		Total Requested:	

18. Describe the reasons you need help with expenses listed above—what caused your financial need or emergency?

19a. Applicant Certification: By my signature, 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 US Government agency, to supply my last home address, and/or official military address to AER when requested. I further understand that AER is an independent private entity, not part of the US 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 US Government agencies in order to determine eligibility for, and administration of, financial assistance. I certify the information provided in this application is complete, true and correct.

b. I am pending elimination, early release, medical separation or medical retirement? YES NO

If yes, what is expected separation date?

c. Applicant's Signature:

Date:

20. Unit Commander or First Sergeant review and recommendation:

Required when one of the following applies to the Soldier (including when Spouse is applicant)

- | | |
|--|---|
| • Has less than 12 months' time in service or in IET | • Is identified as high risk or pending elimination |
| • Has had two or more AER requests within 12 months | • When requested by AER |
| • TIG exceeds TIS for promotion to next grade | • For QAP (application type from 16b) |

a. Is the Soldier pending elimination from the service? YES NO If YES provide expected separation date and explain in remarks:

b. Is this request a result of receiving UCMJ which impacted the Soldier's finances (i.e. forfeiture/reduction)? YES NO

c. Decision/Recommendation: APPROVAL DISAPPROVAL AMOUNT:

d. Remarks:

Printed Name/Rank:	DOD ID	Phone:
Email: @army.mil	Signature:	Date: