

ARMY EMERGENCY RELIEF APPLICANT CERTIFICATION FORM

This applicant certification form must accompany any request for financial assistance provided on behalf of Army Emergency Relief (AER) by the American Red Cross, Air Force Aid Society, Coast Guard Mutual Assistance and Navy Marine Corps Relief Society.

Applicant 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 request for financial assistance. I further authorize the Department of the Army, or any U.S. Government agency, to supply my last 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 for financial assistance, 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 U.S. Government agencies to determine eligibility for and administration of financial assistance. I certify the information provided on my application for financial assistance is complete, true, and correct.

Print Name

DOD ID Number

Signature

Date (MM/DD/YY)