

# ARMY EMERGENCY RELIEF - APPLICATION FOR FINANCIAL ASSISTANCE

For use of this form see AR 930-4, AERO Section Reference Manual or [www.aerhq.org](http://www.aerhq.org)

Documents required are based on your financial need (the expenses you need help with). The below list of documents are generally required to start a financial request; however, additional documents may be necessary to fully resolve your financial need. Contact your local AER office to discuss your request and find out what supporting documents you will need to expedite your request for financial assistance.

- Military ID** (*All*)
- Budget (AER Form 57)** or locally produced budget (*All Routine Requests*)
- 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*)
- DA Form 31 (Leave form) w/control number** (*for emergency leave, leave under emergency conditions, PCS expenses, transition leave if Retiring or on leave from home duty station and need financial assistance*)
- 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*):

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**SERVICE MEMBER'S INFORMATION:**

1. Name (Last, First MI)		2. DOB	3a. DOD ID#: _____	
			3b. SSN: _____	
4. Rank	5. Branch		6. Component	
	<input type="checkbox"/> USA <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USCG		<input type="checkbox"/> ACTIVE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES	
7. Duty Status (For Survivors enter the Duty Status at the time of the Service Member's passing and provide date deceased _____)				
<input type="checkbox"/> ACTIVE	ETS Date	Provide copy of most recent end of month LES		
<input type="checkbox"/> AGR	REFRAD Date	Provide copy of Title 10 AGR orders or amendment, showing current period of service or REFRAD date <b>and</b> most recent end of month LES		
<input type="checkbox"/> TITLE 10	Start Date	End Date	# of Days	Provide copy of Title 10 Orders <b>and</b> most recent end of month LES
<input type="checkbox"/> RETIRED	Retirement Date	8a. Are you medically Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No 8b. If yes to 8a, are you enrolled in the Army Wounded Warrior (AW2) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No 8c. If yes to AW2, who is your AW2 Advocate? _____ 8d. Advocate's phone #: _____		
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 Sponsor <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> WARD <input type="checkbox"/> OTHER _____		10f. Special Power of Attorney (SPOA) <input type="checkbox"/> YES (INCLUDE COPY) <input type="checkbox"/> NO	

**11. ADDRESS**

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

Name	Age	Relationship	ID Card holder	Name	Age	Relationship	ID Card Holder
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

**16. TYPE OF REQUEST**

<input type="checkbox"/> <b>CDR/1SG QUICK ASSIST PROGRAM (QAP)</b>	<b>COMPLETE BLOCKS 17 thru 24</b>	<b>ARMY AD/AGR only;</b> max up to \$2,000; one QAP at a time and must be repaid in full before new QAP; no more than 2 QAP in 12 months; repay within 15 months and at least 2 months prior to ETS; no grants or partial grants with exception of bona fide emergency travel.
<input type="checkbox"/> <b>ROUTINE</b>	<b>COMPLETE BLOCKS 17 thru 20 and if necessary 21 thru 24**</b>	Active Duty, AGR, Title 10, Retired, AW2, Survivor, Other Branch, Eligible Dependent

**\*\*CDR/1SG signature is required under the following situations:** 1. All QAP requests 2. Soldier has less than 12 months TIS 3. Soldier is in IET 4. Soldier has 2 or more AER requests within past 12 months 5. Soldier identified as "high risk" or included on the AER "restricted list."

17. List the specific expenses you need help with (contact AER or visit [www.aerhq.org](http://www.aerhq.org) for authorized categories **and ensure there is a supporting document for each expense listed**):

Expense	Amount	Expense	Amount
<b>Total Amount Requested:</b>			<b>\$ 0.00</b>

18. If this financial need is related to a natural disaster or catastrophic event (i.e. hurricane, tornado, large scale fire, hail storm, etc.) enter the name of the event, month and year:

EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

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

20a. 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 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 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 U.S. Government agencies in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.

20b. Signature

20c. Date

**UNIT COMMANDER OR FIRST SERGEANT** (ensure expenses are itemized in block 17, need is explained in block 19 and complete block 21 thru 24)

21. The Service Member is pending elimination from the service? Yes  No  If yes, expected separation date? \_\_\_\_\_

22. REQUEST IS:

Approved (Contingent on AERO review and compliance with AER policies.) Approved Amount \$ \_\_\_\_\_

Disapproved. Soldier has been informed of reason for disapproval.

23. \_\_\_\_\_ (CDR/1SG Initials) I have assessed the Soldier's financial well-being, member has the ability to repay the loan. Yes  No

24a. CDR/1SG Printed Name	24b. Signature	24c. Date
24d. Military email address	.mil@mail.mil	24e. Phone