

WHAT CAN WE HELP WITH?

Authorized Categories of Assistance

- Rent | Mortgage
- Utilities | Rental Deposits
- Emergency Travel
- Travel Funds for Relocation (PCS)
- Vehicle Repair
- Replacement Vehicle
- Rental Vehicle
- HVAC Repair
- Natural Disaster
- Cranial Helmets
- Basic Essential Furniture
- Car Seats
- Repair | Replacement of Major Appliances
- Minor Home Repairs
- Dental Care for Dependents
- Food

AER is a NEEDS based program. AER does not reimburse for costs already paid. Assistance is given as a LOAN, GRANT, or Combination of the two. A GRANT is never guaranteed!

UNAUTHORIZED Categories

- Ordinary Leave Expenses
- AAFES Debt
- Adoption Fees
- Legal Fees | Fines
- Liquidation | Consolidation of Debt
- Government Debt
- Government Travel Card
- Personal Credit Cards| Loans
- Items of Convenience
- In Vitro Treatments
- Overdraft Fees
- Negative Bank Accounts
- Abortion Fees
- Child Support | Alimony
- Earnest Funds for Home
- Closing Costs for Home
- Appliance Upgrade
- Purchase of New Vehicle
- Assistance for NON-ID Card Holders
- Continuing Assistance

Requests for **UNAUTHORIZED** categories will not be considered.



Please note: Soldiers are responsible for providing copies of Supporting documents upon submitting their request.

Army Community Service (ACS) • Fort Carson, Colorado
ACTIVE DUTY – Checklist for Army Emergency Relief (AER) Assistance
Army Emergency Relief (AER) • (719) 526-4783
Website:carson.armymwr.com/aer

Please read before submitting your application: Customers who qualify for Army Emergency Relief assistance will receive an EFT payment deposited directly into their bank account. Please follow the checklist below and bring in your application with all supporting documents. Any request received without supporting documentation will be returned as **incomplete/disapproved** and the applicant will have to reapply. **Applications submitted after 1200 will be processed on the next business day.**

SOLDIER CHECKLIST

- AER Form 101 Application (Required)**
- AER Form 575 Direct Deposit (Required)**
- Personal Budget Worksheet (Required and completed)
- Current LES month end and/or Pay Stubs (Required)
- Additional Documentation (Required see below)

FAMILY MEMBER CHECKLIST

- Power of Attorney (Special Power of Attorney stating AER assistance can be received)/ AER Form 53 Special Power Of Attorney
- AER Form 101 (Required)
- Personal Budget Worksheet (Required and completed)
- Current LES and/or Pay Stubs (Required)
- Red Cross Case Number for emergency travel (Required)
- Additional Documentation (Required see below)

REQUIRED ADDITIONAL DOCUMENTATION

Car Note (Overdue)

- Vehicle insurance
- Vehicle registration
- Driver's license
- Letter from creditor stating dollar amount owed

Car Repair

- Vehicle insurance
- Vehicle registration
- Driver's license
- One independent estimate
- Kelly Blue Book Value of Vehicle
- SM understands if work is authorized prior to AER approval the case May not be approved.

Emergency Travel

- Signed DA form 31 with control # (Must be marked as emergency or ordinary under Emergency Conditions has to be placed in the remarks Block 17.
- Type of Travel:
 1. *Driving - Travel route with mileage (MapQuest)*
 2. *Flying - Flight itinerary with dollar amount owed.*
 - Cheap Tickets, Priceline Quotes
 3. *Hotel cost if needed.*
 4. *Rental Car, food and gas if needed.*

Mortgage

- Letter from creditor stating amount owed.

Rent (Demand for payment)

- Demand for payment document. This is a legal document in El Paso County or if the rental is through an individual rather than a company, then it may be acceptable to present a signed note with the landlord's contact information.

Rent (Initial Security Deposit/First Month's Rent)

- Copy of lease; to include dollar amount due for initial security deposit and first month's rent.

Utilities

- Current documents including utility bill, cable, phone and internet.

Please note: Soldiers are responsible for providing copies of Supporting documents upon submitting their request.

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	<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		
8. 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 and most recent end of month LES		
<input type="checkbox"/> TITLE 10	Start Date	End Date	# of Days	Provide copy of Title 10 Orders and 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

CDR/1SG QUICK ASSIST PROGRAM (QAP) **COMPLETE BLOCKS 17 thru 25** **ARMY AD/AGR *only***; 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.

DIRECT ACCESS **COMPLETE BLOCKS 17 thru 20** **ARMY AD/AGR/T10 *only*** if you do not meet one of the four safeguards listed below;
 1. Less than 12 months of service. 2. Currently in training. 3. Two AER assists in less than 12 months.
 4. You are marked as High Risk.

ROUTINE **COMPLETE BLOCKS 17 thru 20** All individuals not eligible for one of the above programs. This Includes AD/AGR/T10 Members who
and if Active Duty/AGR/Title 10 21 thru 25* fall into one of the 4 safeguards listed above and Retired, AW2, and Surviving Spouses.

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

Expense	Amount	Expense	Amount
		Total Amount Requested:	\$ 0.00

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

***Needs to be completed if SM is not eligible for Direct Access

24a. _____ (CDR/1SG Initials) This is the 3rd request in 12 months and needs your concurrence for the request to be considered.

24b. Date: _____ Amount: _____ / Date: _____ Amount: _____ Current Balance: _____ Approve: Yes No

25a. CDR/1SG Printed Name, Rank _____ 25b. Signature _____ 25c. Date _____

25d. Military email address _____ .mil@mail.mil 25e. Phone _____

**ARMY EMERGENCY RELIEF (AER)
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AND PROMISSORY NOTE**

Effective Date _____ DODID or AER Client ID: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

I hereby authorize AER to (1) directly deposit funds into the bank account listed below, or (2) to correct any EFT errors or overpayments by debiting my account to correct the error, or (3) in the event I am provided an interest-free loan, to debit monthly payments to AER through EFT from this same account. This form serves as a promissory note to establish repayment in conjunction with AER Form 52 (Allotment Authorization/Promissory Note).

I have attached a voided check, deposit slip or screenshot for the account specified below. This authorization is to remain in force until Army Emergency Relief (AER) receives my written authorization to either terminate or change my direct deposit or my loan is paid in full.

Signature: _____ Date: _____

ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

NAME OF ACCOUNT HOLDER: _____

TYPE OF ACCOUNT (Check one): Checking Savings

ACCOUNT NUMBER: _____

BANK/ABA ROUTING NUMBER: _____

Please mail or fax completed form to: Army Emergency Relief
2530 Crystal Drive
13th Floor, Room 13161
Arlington, VA 22202

Fax: 703-602-9944

AER Form 575 (October 2019)