Privacy Act Data Cover Sheet

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Privacy Act Data Cover Sheet

DD FORM 2923, SEP 2010

ARMY EMERGENCY RELIEF - APPLICATION FOR FINANCIAL ASSISTANCE

For use of this form see AR 930-4, AERO Section Reference Manual or 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 application. Contact your local AER office to discuss your request and find out what supporting documents you will need to help 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)***:**

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 Wounded Warrior (AW2) Program? ☐ Yes ☐ 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	10f. Special Power of Attorney (SPOA)
☐ SPOUSE ☐ CHILD ☐ PARENT ☐ WARD ☐ OTHER _____	☐ YES (*INCLUDE COPY)* ☐ 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*
			☐ Yes ☐ No				☐ Yes ☐ No
			☑ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ 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 and if Active Duty/AGR/Title 10 21 thru 25***	All individuals not eligible for one of the above programs. This Includes AD/AGR/T10 Members who 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	25e. Phone
.mil@mail.mil	

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)

PERSONAL BUDGET WORKSHEET

Last Name	
First Name	
Unit	
Number in Family	

Date	
Rank	
SSN - last four	
On/Off Post	

Income	
BASE PAY	
BAS	
BAH	
COLA	
SPECIAL PAY	
FAMILY SEPERATION	
SPOUSE INCOME	
Total Income (1)	$ 0.00

Deductions	
FED TAX	
FICA - SOC SEC	
FICA - MEDICARE	
SGLI	
STATE TAXES	
AFRH	
MEAL DEDUCTIONS	
DENTAL	
FAMILY SGLI	
*ROTH TSP	
*TRAD TSP	
Total Deductions (2)	$ 0.00

Expenses	
RENT / MORTGAGE	
WATER / ELECTRIC	
CELL PHONE	
GROCERIES	
OUT OF HOME FOOD	
FUEL / GAS	
ENTERTAINMENT	
INTERNET CABLE	
CAR / RENTERS INS	
LIFE INSURANCE	
HAIRCUTS	
Total Expenses (3)	$ 0.00

Creditors	**Payment**	**Balance**	**% or NSF Fee**
CAR PAYMENT			
CAR PAYMENT			
AER LOAN			
OMNI			
PIONEER			
STAR CARD			
CREDIT CARD 1			
CREDIT CARD 2			
Creditor Totals (4)	$ 0.00	$ 0.00	

1	$ 0.00	INCOME
2	$ 0.00	DEDUCTIONS
3	$ 0.00	EXPENSES
4	$ 0.00	DEBT

(1 - 2 - 3 - 4 = total)

Surplus / (Deficit)	$ 0.00

RESET FORM