# APPLICATION FOR ARMY EMERGENCY RELIEF
## *(AER)* FINANCIAL ASSISTANCE

| 1. Soldier's Name *(Last, first, MI)* | 2. Unit | 3. ETS/RET Date | 4. SSN or AER Client ID # |
|---|---|---|---|
| | | | |

| 5. Applicant's name and relationship *(If other than Soldier or Retired Soldier)* | 6. Sponsor's Phone # | 7. Sponsor's Email Address |
|---|---|---|
| | | |

8. Home or Permanent Mailing Address of Sponsor

9. Are you currently in bankruptcy or do you plan to file bankruptcy within the next six months?

○ Yes ○ No

If Yes, what Chapter? _____

10. Branch

○ Regular Army ○ ARNG
○ USAR ○ _____

11. Member Type

○ Active ○ Dependent
○ Retired ○ Survivor

12. Special Power of Attorney

○ Yes ○ No

13. Reason (Provide a brief summary of the circumstances causing your emergency financial need.)

14. List the specific item(s) that are required to meet the emergency financial need:

| | |
|---|---|
| | $ |
| | |
| | |
| | |
| | |
| | |
| Total | $ 0.00 |

**15. Applicant's 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 agency, to supply my latest 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 in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.

| 15a. Signature of Applicant | 15b. Date |
|---|---|
| | |

**16. Unit Commander or First Sergeant Review of Active Duty Applicant** ***(Required for all Soldiers not eligible for Direct Access)***

16a. I have reviewed Soldier's request for AER assistance and recommend: ☐ Approval ☐ Disapproval

*Indicate reason for approval or disapproval recommendation*:

| 16b. Soldier ☐ is or ☐ is not pending elimination from the Army. | 16c. Name/Rank of Company Commander or First Sergeant | |
|---|---|---|
| 16d. Company Commander or First Sergeant's Phone & Email | 16e. Signature of Company Commander/First Sergeant | 16f. Date |

**17. Action by AER Officer**

17a. Request is: ☐ Approved. Loan Amount $ _____ Grant Amount $ _____

☐ Disapproved. Soldier and Commander have been informed of the reasons for disapproval.

☐ Forwarded to the Level II and/or III Approving Official for action.

| 17b. Name of AER Officer | 17c. Signature of AER Officer | 17d. Date |
|---|---|---|
| | | |