

Army Community Service (ACS) • Fort Carson, Colorado

ACTIVE DUTY - Request Packet for Army Emergency Relief (AER)

Army Emergency Relief (AER) • (719) 526-4783

AER ASSISTANCE PROCESS: Contact your unit Command Financial NCO (CFNCO). If unavailable, contact your 1SG or Commander; all can assist. AER has prescheduled appointments; walk-ins are seen on a space available basis. Based on the type of request and urgency level, wait times may vary. It is highly encouraged to work directly with your CFNCO to expedite the process. CFNCO's assist AER in serving you and your family in a timely manner. If you are requesting AER, fill out this packet. Prior to meeting with AER, make note of any specific questions. Listed below, are requirements for AER assistance. Depending on how many other individuals are also requesting AER, wait times may vary drastically. We apologize for any inconveniences this may cause. We encourage you to take this packet and fill it out if you are unable to wait. Packets are turned in by the individual requesting assistance in person to AER representatives. Any supporting documents for your AER request, should be attached to the packet. Do not attach originals, copies can be made at the ACS Center, Bldg. 1526. AER is located in the ACS Center, Bldg. 1526; check in at the front desk for assistance.

SOLDIER CHECKLIST

- ☐ AER Form 700/AER Form 600 (Attached), Must be signed by 1SG or Company Commander if Service Member has less than 1 year of service.
- ☐ Current LES and/or Pay Stubs
- ☐ Personal Budget Worksheet (Attached)
- ☐ Bank Transactions for the past 30 days
- ☐ Required Additional Documentation (See below)

FAMILY MEMBER CHECKLIST

- ☐ Power of Attorney (Special Power of Attorney stating AER assistance can be received)
- ☐ AER Form 700 (Attached)
- ☐ Personal Budget Worksheet (Attached)
- ☐ Current LES and/or Pay Stubs
- ☐ Required Additional Documentation (See below)

REQUIRED ADDITIONAL DOCUMENTATION

Car Note (Overdue)

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

Car Repair

- ☐ **SM understands if works is authorized prior to AER approval the case will be disapproved.**
- ☐ Vehicle insurance
- ☐ Vehicle registration
- ☐ Driver's license
- ☐ One independent estimate

Emergency Travel

- ☐ Red Cross Case Number (If unable to obtain, notify AER Officer)
- ☐ Signed DA 31 with control # (Must be marked as emergency or ordinary under Emergency Conditions)
- ☐ Type of Travel:
 - 1. Driving - Travel route with mileage (Mapquest or <https://www.fueleconomy.gov/trip/>)
 - 2. Flying - Flight itinerary with dollar amount owed. AER recommends:
 - ☐ Carlson Wagonlit Travel Office, Fort Carson, (719) 576-5188 or Priceline Quote

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 a single person rather than a company, then it may be acceptable to present a signed note that can be verified.

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

- ☐ Utility bill, including cable, phone bill and all bills have to be current.

APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE

1. Soldier's Name <i>(Last, first, MI)</i>		2. Unit		3. ETS/RET Date	4. SSN																
5. Applicant's name and relationship <i>(If other than Soldier or Retired Soldier)</i>			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? <div style="text-align: center;">Yes No</div> If Yes, what Chapter? _____																	
10. Branch		11. Member Type				12. Special Power of Attorney															
Regular Army ARNG USAR _____	Active Dependent Retired Survivor	Yes No																			
13. Reason (Provide a brief summary of the circumstances causing your emergency financial need.)																					
DoD ID#: _____ DoB: _____ 14. List the specific item(s) that are required to meet the emergency financial need: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 80%;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$</td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$</td></tr> <tr> <td style="text-align: right; border-bottom: 1px solid black;">Total</td> <td style="text-align: right; border-bottom: 1px solid black;">\$</td> </tr> </table>							\$		\$		\$		\$		\$		\$		\$	Total	\$
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Total	\$																				
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 <i>(Required for all Soldiers not eligible for Direct Access)</i>																					
16a. I have reviewed Soldier's request for AER assistance and recommend: Approval Disapproval <i>Indicate reason for approval or disapproval recommendation:</i>																					
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																

COMPANY COMMANDER & FIRST SERGEANT QUICK ASSIST PROGRAM Application For Army Emergency Relief (AER) Financial Assistance		1. Section Number	2. Rank
		3. SSN or AER Client ID #	
		5. ETS Date	
4. Soldier's Name (Last, First, MI)			
6. Unit	7. Soldier's Home or Permanent Mailing Address, Phone # and Email		
8. Are you currently in bankruptcy or do you plan to file bankruptcy within the next six months? <input type="radio"/> Yes <input type="radio"/> No		8a. If you answered Yes to Question 8, what Chapter? _____	
9. Reason Why Assistance is Needed (Be complete and specific. If more space is needed, continue on separate sheet)			
9a. Dependents for Whom You Furnish More Than One-Half Support (ID Card Holder):			
Name	Age	Relationship	
9b. List Your Specific Emergency Financial Needs:		\$	
		\$	
		\$	
Total		\$	
10. Applicant's Certification <div style="text-align: right;"> <input type="button" value="Show Total"/> <input type="button" value="Hide Total"/> </div>			
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 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.			
10a. Signature of Applicant			10b. Date
11. Unit Commander or First Sergeant			
11a. Soldier <input type="checkbox"/> is or <input type="checkbox"/> is not Pending Elimination from the Army.			
11b. Request is: <input type="checkbox"/> Approved. (Approval is contingent upon AERO review that the requested assistance is IAW AER policies and general guidelines)			
<input type="checkbox"/> I have assessed the Soldier's financial well-being and he/she can afford to repay the CRP loan			
<input type="checkbox"/> Disapproved. Soldier has been informed of reason(s) why this request was disapproved. Initial _____			
11c. Requested Amount \$_____ (Maximum \$2,000)		11d. Approved Amount \$_____	
11e. Name/Rank of CDR/1SG, Signature, Phone #, and Email		Signature	11f. Date
12. AER Officer Review of the Application			
12a. <input type="checkbox"/> I have performed the required administrative review and Soldier is eligible for AER Assistance under the Company Commander & First Sergeant Quick Assist Program.			
12b. <input type="checkbox"/> I have performed the required administrative review and Soldier is not eligible for AER Assistance under the Company Commander & First Sergeant Quick Assist Program due to: _____			
<input type="checkbox"/> Soldier's application is being returned to Unit Commander/First Sergeant			
<input type="checkbox"/> Soldier's request is being processed as a routine AER case per Unit Commander/First Sergeant			
12c. Name of AERO		Signature	12d. Date

PERSONAL BUDGET WORKSHEET

Last Name	
First Name	
Unit	
Number in Family	

Date	
Rank	
SSN - last four	
On/Off Post	

RATIO SUMMARY

DEBT TO INCOME

RETIREMENT

CAR PAYMENT

BAH USAGE

HOURLY WAGE

Income

Deductions

[illegible]

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

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)	

[illegible]

1	INCOME
2	DEDUCTIONS
3	EXPENSES
4	DEBT

(1 - 2 - 3 - 4 = total)

Surplus / (Deficit)

PERSONAL BUDGET WORKSHEET

Last Name	Doe
First Name	John
Unit	4th ID 1-38th IN A Co.
Number in Family	4

Date	MM - DD - YYYY
Rank	SPC
SSN - last four	xxx-xx-1234
On/Off Post	Off Post Housing

RATIO SUMMARY

DEBT TO INCOME

17%

RETIREMENT

1%

CAR PAYMENT

13%

BAH USAGE

84%

HOURLY WAGE

\$ 25.57

	Income
BASE PAY	2431.80
BAS	369.39
BAH	1545
COLA	
SPECIAL PAY	
FAMILY SEPERATION	
SPOUSE INCOME	
Total Income (1)	\$ 4,346.19

Deductions	
FED TAX	74.88
FICA - SOC SEC	150.77
FICA - MEDICARE	35.26
SGLI	29
STATE TAXES	115
AFRH	.5
MEAL DEDUCTIONS	
DENTAL	30
FAMILY SGLI	5
*ROTH TSP	24.32
*TRAD TSP	
Total Deductions (2)	\$ 464.73

	Expenses
RENT / MORTGAGE	1300
WATER / ELECTRIC	178.46
CELL PHONE	185.78
GROCERIES	532
OUT OF HOME FOOD	100
FUEL / GAS	180
ENTERTAINMENT	
INTERNET CABLE	79.99
CAR / RENTERS INS	246.79
LIFE INSURANCE	
HAIRCUTS	50
Netflix	13.60
Amazon Prime	10
Spotify	9.99
itunes	60
Total Expenses (3)	\$ 2,946.61

	Creditors		
	Payment	Balance	% or NSF Fee
CAR PAYMENT	487.26	\$ 24,523.00	6.9%
CAR PAYMENT			
AER LOAN	83.33	\$ 1,000.00	0%
OMNI			
PIONEER			
STAR CARD	65	879.45	12.59%
CREDIT CARD 1	27	650	10.99%
CREDIT CARD 2	85	1428	24.99%
Student Loans		24000	6%
Creditor Totals (4)	\$ 747.59	\$ 52,480.45	

1 \$ 4,346.19

INCOME

2 \$ 464.73

DEDUCTIONS

3 \$ 2,946.61

EXPENSES

4 \$ 747.59

DEBT

(1 - 2 - 3 - 4 = total)

Surplus / (Deficit)

\$ 187.26

RESET FORM