

Army Community Service (ACS) • Fort Carson, Colorado

ARMY EMERGENCY RELIEF - APPLICATION FOR FINANCIAL ASSISTANCE
Categories of assistance Army Emergency Relief (AER) • (719) 526-4783

AER ASSISTANCE PROCESS: 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. 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.

The AER Application and Budget can be found on the Fort Carson at www.carson.army.mil/ACS

SOLDIER CHECKLIST

- Personal Budget Worksheet (Attached)
- Current LES and/or Pay Stubs
- Required Additional Documentation (See below)

FAMILY MEMBER CHECKLIST

- Power of Attorney (Special Power of Attorney stating AER assistance can be received)
- AER Form AER Form 101 (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

- Vehicle insurance
- Vehicle registration
- Driver's license
- One independent estimate
- KKB for major Car Repairs to determine value of the car
- SM understands if work is authorized prior to AER approval the case May not be approved.

Emergency Travel

- Signed DA 31 with control number (Must be marked as emergency or ordinary under Emergency Conditions.)
- Type of Travel:
 1. *Driving - Travel route with mileage (MapQuest)*
 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 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

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

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

| | |
|-------------------------|-------|
| BASE PAY | _____ |
| BAS | _____ |
| BAH | _____ |
| COLA | _____ |
| SPECIAL PAY | _____ |
| FAMILY SEPERATION | _____ |
| SPOUSE INCOME | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| Total Income (1) | _____ |

Deductions

| | |
|-----------------------------|-------|
| 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) | _____ |

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) | _____ | _____ | _____ |

| | |
|---|------------|
| 1 | INCOME |
| 2 | DEDUCTIONS |
| 3 | EXPENSES |
| 4 | DEBT |

(1 - 2 - 3 - 4 = total)

| | |
|----------------------------|-------|
| Surplus / (Deficit) | _____ |
|----------------------------|-------|

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 | 5. Branch | 6. Component | |
| | USA USMC USN USAF USCG | ACTIVE | NATIONAL GUARD RESERVES |

7. 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 SPOUSE CHILD PARENT WARD OTHER _____ | | 10f. Special Power of Attorney (SPOA) 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 24 | 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. | |
| ROUTINE | COMPLETE BLOCKS 17 thru 20 and if necessary 21 thru 24** | Active Duty, AGR, Title 10, Retired, AW2, Survivor, Other Branch, Eligible Dependent | |
| <i>**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."</i> | | | |
| 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): | | | |
| <i>Expense</i> | <i>Amount</i> | <i>Expense</i> | <i>Amount</i> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total Amount Requested: | \$ |
| 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: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> EVENT: _____ DATE: _____ </div> | | | |
| 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 <i>(ensure expenses are itemized in block 17, need is explained in block 19 and complete block 21 thru 24)</i> | | | |
| 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 | |