

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 or AER Client ID #	
5. Branch	6. Rank	7. Home or Permanent Mailing Address of Soldier, Retiree, Dependent or Surviving Family Member; Phone and Email Address			
Regular Army	Retired				Dependent
USAR	ARNG				Survivor
8. Applicant's name and relationship (<i>If other than Soldier or Retiree</i>)				9. Special Power of Attorney Yes No	
10. Reason (<i>Provide a brief summary of the circumstances causing your emergency financial need. If more space is needed, continue on separate sheet</i>):					
11. List the specific item(s) that are required to meet the emergency financial need:					
				\$ _____	
				\$ _____	
				\$ _____	
				\$ _____	
				\$ _____	
				Total \$ _____	
12. 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.					
12a. Signature of Applicant				12b. Date	
13. Unit Commander or First Sergeant Review of Active Duty Applicant (<i>Soldiers in the grades of E-1 through E-4 Only</i>)					
13a. I have reviewed Soldier's request for AER assistance and recommend:		Approval	Disapproval		
<i>Indicate reason for approval or disapproval recommendation:</i>					
13b. Soldier Is or Is not Pending Elimination From The Army.					
13c. Name/Rank of Company Commander or First Sergeant, Signature, Phone #, and Email				13d. Date	
14. Action by Approval Authority					
14a. Request is:					
Approved.		Loan Amount \$ _____	Grant Amount \$ _____		
Disapproved. Soldier and Commander have been informed of the reasons for disapproval.					
14b. Name of Approval Authority and Signature			14c. Grade	14d. Position	