

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. 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?  <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what Chapter? _____	
10. Branch <input type="checkbox"/> Regular Army <input type="checkbox"/> ARNG <input type="checkbox"/> USAR <input type="checkbox"/> _____		11. Member Type <input type="checkbox"/> Active <input type="checkbox"/> Dependent <input type="checkbox"/> Retired <input type="checkbox"/> Survivor		12. Special Power of Attorney  <input type="checkbox"/> Yes <input type="checkbox"/> 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 \$ _____
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: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <i>Indicate reason for approval or disapproval recommendation:</i>					
16b. Soldier <input type="checkbox"/> is or <input type="checkbox"/> 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: <input type="checkbox"/> Approved.                  Loan Amount \$ _____                  Grant Amount \$ _____ <input type="checkbox"/> Disapproved. Soldier and Commander have been informed of the reasons for disapproval. <input type="checkbox"/> Forwarded to the Level II and/or III Approving Official for action.					
17b. Name of AER Officer		17c. Signature of AER Officer			17d. Date