

American Legion Auxiliary Emergency Fund Application for Assistance (AEF)

Name: _____

membership ID # _____

Unit # _____

Date of Birth: _____

Address: _____
Street

City State Zip Code

Phone: _____

E-Mail _____

Marital Status: Married Single Widowed Separated

What is your current employment status?

- Full-Time Part-Time Laid-Off Retired
 Worker's Compensation Unemployed

Place of Employment: _____

(If Unemployed, please explain in the Narrative section of page 3)

Please list your last date of employment: _____

What specific steps have you taken to secure employment?

Are you a veteran? Yes No

If yes, please list dates of service: _____

What is your spouse's current employment status?

- Full-time Part-time Laid-Off Retired
 Worker's Compensation Unemployed

Spouse's Place of Employment: _____

(If Unemployed, please explain in the Narrative section of page 3)

Please list your spouses last date of employment: _____

Is your spouse a veteran? Yes No

If yes, please list dates of service: _____

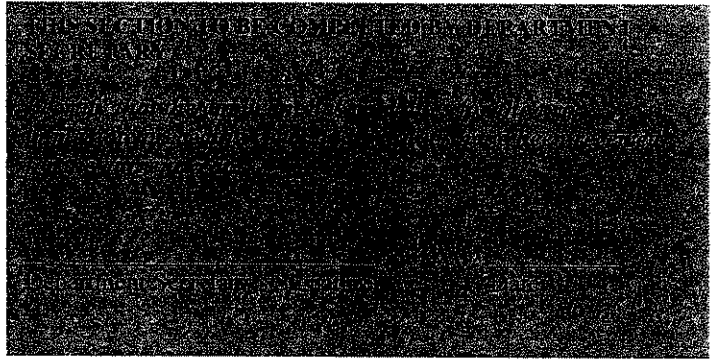
If spouse is deceased, please list date of death: _____

Are there any minor children living in your home? Yes No

If yes, please list by name, age and relationship to you:

Are there any other adults living in your home? Yes No

If yes, please list by name and relationship to you:



Rules/Instructions

The Auxiliary Emergency Fund was created to provide:

- Temporary assistance to eligible members during a time of financial crisis when no other source of aid is readily available to pay for shelter, food and utilities.
- Temporary assistance for food and shelter to eligible members related to weather-related emergencies and natural disasters
- Temporary assistance for educational training for eligible members who lack the necessary skills for employment or to upgrade competitive workforce skills.
- The AEF maintains the confidentiality of all applications, reviews, and supporting documents, and will neither disclose nor release AEF applications, files, or cases to anyone outside of the ALA AEF Review Committee.

Assistance will not be granted to pay accumulated debts or medical expenses. The intent is to help members who have suffered a financial setback and is meant to be a bridge offering a helping hand until financial stability is reestablished.

Eligibility: Persons who have been members of the American Legion Auxiliary for at least the immediate past two consecutive years. AND whose current membership dues are paid at the time the emergency occurs (three consecutive years' dues) may apply for assistance.

Assistance Provided: The maximum grant amount is \$2,400.00, disbursed as the Auxiliary Emergency Fund Grant Committee determines.

UNIT, PLEASE READ THE FOLLOWING:

Each AEF application is assessed entirely on the basis of the written record provided herein. Therefore, both the Unit and member should be specific and thorough when completing the application. Please type or print neatly to ensure legibility.

Remember to:

- Ensure the applicant has completed all applicable sections.
- Ensure all sections requiring Unit input are complete.
- Ensure all appropriate signatures have been obtained.
- Forward the completed application to your Department Secretary.

This section to be completed at National Headquarters

Date Received: _____ Case Number: _____

Membership Verification: _____



<i>For Internal Use Only</i>	
Case #	_____
Date Received	_____
# of Continuous Yrs.	_____

American Legion Auxiliary Emergency Fund Expedited Application for Disaster Victims Seeking Temporary Shelter Assistance

NOTE: You may fax this completed application to National Headquarters at (317) 569-4502 or mail it to American Legion Auxiliary National Headquarters, Attn: AEF, 8945 N. Meridian St, Indianapolis, IN 46260. Additionally, you may e-mail this completed application directly to kcochran@alaforveterans.org. Questions may be directed to Kelly Cochran at (317) 569-4510.

DATE OF OCCURRENCE: _____ MEMBERSHIP ID NUMBER: _____

MEMBER'S FULL NAME (Please Print legibly): _____

MEMBER'S ADDRESS AT TIME OF NATURAL DISASTER (tornados/flooding-must be filed with NHQ within 3 months from disaster date):

_____ address _____ city _____ state/zip

MEMBER'S UNIT #/LOCATION: _____ MEMBER'S DEPARTMENT: _____

MEMBER'S # OF DEPENDENTS: _____ PHONE NUMBER: (_____) _____ - _____

GENERAL INFORMATION	RESIDENCE INSURED: <input type="checkbox"/> YES <input type="checkbox"/> NO If insured, please indicate the amount you expect to receive from policy: \$ _____ If you are not currently residing in the dwelling, please explain your current living arrangements and how long you anticipate being out of your home: _____	PRIMARY RESIDENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	STILL RESIDING IN DWELLING: <input type="checkbox"/> YES <input type="checkbox"/> NO
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DAMAGE INCURRED Please explain the damage incurred. You may include any copies of repair estimates, pictures, statements from FEMA or local law enforcement, etc.

EXPENSES INCURRED Please provide copies of applicable receipts.
EMERGENCY HOUSING: \$ _____ **FOOD:** \$ _____ **CLOTHING:** \$ _____
OTHER (please explain): _____

PAYMENT INFORMATION

Payment can be transmitted by electronic funds directly to the member's bank account OR a check can be mailed. You must provide a complete mailing address for delivery of a check by the U.S. Postal Service. For electronic funds transfer, the bank name, routing /ABA number as well as your account number must be provided. If available, please include a voided check for accuracy.

Member's Name and Address listed on Account: _____

Member's (Grantee's) Bank: _____

Bank Routing#/ABA # _____

Checking or Savings Account # (Please Circle Account Type): _____

Address Where Check is to be mailed: _____

Member's Signature: _____ Date: _____

*Please Note: The maximum grant amount for an expedited disaster application is \$2,000.00, disbursed as the Auxiliary Emergency Fund Grant Committee Determines