APPLICATION FOR ARMY EMERGENCY RELIEF *(AER)* FINANCIAL ASSISTANCE

For use of this form, see AR 930-4; the proponent agency is OACSIM

1. SECTION NUMBER	2. DATE

3. SOLDIER'S NAME *(Last, first, MI)*	4. SSN	5. GRADE

6. STATUS

a. ☐ ACTIVE ☐ RETIRED ☐ DECEASED

b. ETS DATE *(If active)*

7. ACTIVE SOLDIER'S UNIT/ADDRESS OF RETIREE, SURVIVOR, OTHERS

8. PHONE NUMBER *(Include area code)*

9. HOME OF RECORD *(Street, city, state, zip code)*

10a. APPLICANT'S NAME IF OTHER THAN SOLDIER	10b. RELATIONSHIP	10c. POWER OF ATTORNEY	11. BANKRUPTCY FILED OR PENDING
		☐ YES ☐ NO	☐ YES ☐ NO CHAPTER:

12. DEPENDENTS FOR WHOM YOU FURNISH MORE THAN ONE-HALF SUPPORT

a. NAME	b. AGE	c. RELATIONSHIP

13. REASON WHY ASSISTANCE IS NEEDED *(Be complete and specific. If more space is needed, continue on separate sheet.)*

14. LIST YOUR SPECIFIC EMERGENCY FINANCIAL NEEDS

$

TOTAL $

15. **INDEBTEDNESS**

a. TO WHOM	b. DATE INCURRED	c. ORIGINAL AMOUNT	d. MONTHLY PAYMENT
AER			

16. **APPLICANT'S CERTIFICATION**

I hereby authorize the Department of the Army to supply AER with 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.

a. SIGNATURE OF APPLICANT	b. DATE

17. UNIT COMMANDER'S REVIEW OF ACTIVE DUTY APPLICANT

a. I HAVE REVIEWED THIS REQUEST FOR AER ASSISTANCE AND RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL

(If disapproval recommended, indicate why in remarks.)

b. SOLDIER ☐ IS ☐ IS NOT PENDING ELIMINATION FROM THE ARMY.

c. TYPED OR PRINTED NAME AND SIGNATURE OF UNIT COMMANDER	d. DATE

18. REMARKS *(Commander and AER Officer record all pertinent information pertaining to application. If applicant's budget information is needed, use an ACS budget planning sheet.)*

19. ACTION BY APPROVAL AUTHORITY

a.

☐ APPROVED

☐ DISAPPROVED. SOLDIER AND COMMANDER HAVE BEEN APPRISED OF REASONS WHY THIS REQUEST WAS DISAPPROVED.

b. LOAN AMOUNT $	c. GRANT AMOUNT $	
d. NAME OF APPROVAL AUTHORITY	e. GRADE	f. POSITION

20. ACKNOWLEDGEMENT OF ASSISTANCE

a. I acknowledge receipt of a ☐ NO INTEREST LOAN ☐ GRANT from AER in the amount of

$_____ by check number _____ .

(Items b and c below pertain to loans only.)

b. I understand that my failure to repay will result in my name being placed on a list that will preclude further AER assistance being provided to me.

c. I will keep AER advised on any change in my duty assignment, address, or military status.

d. SIGNATURE OF APPLICANT	e. DATE

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