

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:

THIS SECTION TO BE COMPLETED BY DEPARTMENT SECRETARY

I certify that the applicant has paid dues for the two immediate preceding years and her dues have been received for the current year.

Department Secretary's Signature

Date

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. 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: _____

Current Monthly Income

Current earnings of Applicant: _____

Current Earnings of Spouse: _____

Earnings of other(s) in household: _____

Veteran's Pension/Compensation: _____

Child Support: _____

Social Security: _____

SSI: _____

SSD: _____

Food Stamps: _____

WIC: _____

Aid from Post/Unit: _____

Unemployment Compensation: _____

Workman's Compensation: _____

Alimony: _____

County/State Assistance: _____

Stock Dividends: _____

Other Income: _____

(Please Specify Source) _____

Total for all current monthly income: _____

Current Monthly Expenses

Do you own or rent your home? Own Rent

Amount of monthly payment/rent: _____

Electricity: _____

Fuel for Heating: _____

(Please select which type of fuel) Gas Propane Oil

Water/Sewage: _____

Food: _____

Telephone: _____

Child Care: _____

Medication: _____

Toiletries: _____

Insurance: _____

Homeowners: _____

Life: _____

Auto: _____

Health: _____

Other: _____

Other expenses (please specify): _____

(i.e. medical bill payments, credit card payments, etc.) _____

Total for all current monthly expenses: _____

Creditor Information

Mortgage Company/Landlord: _____

Name of Institution Account # (if applicable)

Address: _____

Street City State Zip

Utility Company or Other: _____

Name of Company Account #

Address: _____

Street City State Zip

Utility Company or Other: _____

Name of Company Account #

Address: _____

Street City State Zip

IMPORTANT!!!

Please attach all copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered.
Applications lacking required information and documentation will take longer to process.

Please turn to page 3 and complete both sections.

Federal, State and Local Assistance

Source	Date Applied:	<u>Status:</u> <i>A=Approved</i> <i>D=Denied</i> <i>P=Pending</i>	Amount Approved: <i>(If Eligible)</i>	If ineligible, please explain:
Post/Unit				
Assistant for Needy Families				
VA Disability/Pension				
Social Security/Disability				
Supplemental Security/Income				
Medicare/Medicaid				
Food Stamps				
WIC				
FEMA				
Public Assistance:				
Private Charities:				
All Others <i>(Please List)</i> :				

Applicant Narrative

Please use the following space to provide a brief narrative regarding your current situation/emergency. You may want to include any additional information not provided elsewhere on this application. Please remember to sign and date below as well.

If this portion is not complete and /or a signature is not present, this application will be returned.

DISASTER ASSISTANCE

(This section is required for Disaster Applicants only. Those experiencing financial hardship unrelated to a disaster or apply for educational assistance may skip this section.)

Date of Occurrence(s): _____

Type of Disaster/Emergency: Fire Flood Hurricane Severe Weather (i.e. lightning, heavy snow)
 Earthquake Other (Please Explain) _____

Is the affected dwelling your primary residence? Yes No Are you still residing in the dwelling? Yes No

If you are not still residing in the dwelling, please explain where you are currently living as well as how long you anticipate being out of your home:

Please explain the damage incurred:

(You may attach additional sheets of paper if needed. Please include copies of any photographs, repair estimates, statements from FEMA or local Law Enforcement, etc.) *As these items **CANNOT** be returned, please **DO NOT** send original receipts or photos that you may need returned.*

Did you purchase emergency supplies? Yes No

(If yes, please list the cost of these supplies and provide copies of applicable receipts.)

Plywood _____ Generator _____ Gasoline _____ Dry Ice _____ Bottled Water _____
 Lodging _____ Other (please explain) _____

Is the affected property insured? Yes No *If yes, please indicate the amount you expect to receive from the policy:*

(Please attach copies of any applicable documents regarding the property's insurance policy)

Additional Comments: _____

NOTE: *In addition to this section, please make sure to complete all sections on pages 1-3. Applications lacking required information will be returned.*

Educational Assistance

This section to be completed by applicants seeking educational assistance:

What is the highest level of education completed? High-school graduate Some college College graduate Other

If Other, please explain: _____

Have you already enrolled in an educational institution? Yes No *If yes, when?* _____

Institution Name: _____

Address: _____

Street
City
State
Zip Code

If not already enrolled, what steps have you taken to obtain the educational training needed to qualify for the position you are seeking (i.e. job counseling, career aptitude testing, finding appropriate training institution:) _____

What type of position or specific job are you seeking? _____

Please List below (1) the course you need to complete to qualify for the position you hope to obtain, (2) the cost of each course and (3) the beginning and (4) ending dates for each course you plan to take. Please attach a copy of your course schedule if you are already enrolled.

(1) Name of Course	(2) Cost Per Course	(3) Beginning Date	(4) Ending Date
Total Cost:			

In what month and year do you expect to complete all coursework necessary to qualify for the position you hope to obtain? _____

If you are already enrolled, please enclose the statement of charges or the receipt. If you have already paid for the first phase of the training, the check for the grant will be issued directly to you. If you have not yet paid, the check will be made payable and mailed to the educational institution.

Are you receiving financial assistance from any other source to pay for the needed educational training? Yes No *If yes, please indicate the amount you are receiving as well as how long this assistance is available to you:* _____

If you are NOT receiving financial assistance from other sources, have you applied for financial aid through the Financial Aid office or the school or training center you wish to attend? Yes No *If yes, what was the response?* _____

If No, please explain. _____

Note: When you have completed pages 1,2,3 and 5, present your application to your Unit officers for further processing.

Unit's Report

This section is to be completed by the Unit Investigator (appointed by the Unit President)
Please provide a narrative explaining the member's situation in more detail to include:

- 1) Why assistance is needed
- 2) Steps that have been taken to obtain other assistance
- 3) Your Unit's plan to assist member
- 4) Your Unit's recommendation to the AEF Grant Committee

(If additional space is needed, attach a separate piece of paper.)

SIGNATURES

IMPORTANT NOTE: This application **MUST** be signed by the Unit President, Unit Secretary and the Unit Investigator (who is appointed by the Unit President). Those who sign below cannot be related to the applicant. Two signatures are accepted **ONLY** when the Unit President or Unit Secretary is inaccessible (in the hospital, out of town, etc.), is the applicant or is related to the applicant. Otherwise, all three signatures are required before the application can be processed. **ALSO NOTE:** The Unit President cannot appoint herself to be the investigator.

Unit Name and Number: _____

Unit President : _____
Printed Name Signature

Address: _____
Street City State Zip Code

Daytime Phone: _____ E-mail: _____

Unit Secretary: _____
Printed Name Signature

Address: _____
Street City State Zip Code

Daytime Phone: _____ E-mail: _____

Unit Investigator: _____
Printed Name Signature

Address: _____
Street City State Zip Code

Daytime Phone: _____ E-mail: _____