Active Duty AER Request Packet

Army Community Service (ACS) Army Emergency Relief (AER) TEL: (719) 526-4590

Use the two part checklist below to prepare AER requests. You can also contact your unit Command Financial NCO (CFNCO), 1SG or Commander; all can assist. Attach copies of supporting documents; do not attach originals. Requests are accepted at the ACS Center, Bldg. 1526 at 6303 Wetzel Avenue, Fort Carson, CO 80913. Customers are seen on a walk-in basis; appointments are scheduled by AER staff. Please note, wait times vary depending on the number of customers and the levels of urgency. The AER Application and Budget can be found at www.carson.army.mil/ACS under the ACS Program Directory header, you'll select Army Emergency Relief (AER). Thank you for your cooperation.

Part 1 of 2 - Standard Forms

- AER Form 700 <u>OR</u> AER Form 600 must be signed by 1SG or Company Commander if Service Member has less than 1 year of service. (Attached)
- · Personal Budget Worksheet (Attached) --- NOTE: This is not required for Car/Booster Seat requests
- · Current LES and/or Pay Stubs
- Are you considered a 1st Term Soldier; if yes initial _____
- If you are not the Soldier, a Special Power of Attorney stating AER assistance can be received is required

Part 2 of 2 - Supporting Documents (Copies / Do not provide originals)

Car Note (Overdue)

- · Vehicle insurance
- Vehicle registration
- · Driver's license
- · Letter from creditor stating amount owed

Car Repair

- · Vehicle insurance
- Vehicle registration
- Driver's license
- One independent estimate -> NOTE: Work done before AER approval will be disapproved

Car / Booster Seat

- Print out showing cost of the car / booster seat Limited to \$250 per
- If you are requesting a replacement, please provide a printout photo of the old car / booster seat --- NOTE: Include a statement on the AER 700 form of why the old car / booster seat is not operational.

Emergency Travel

- Red Cross Case Number If unable to obtain, notify AER.
- Signed DA 31 with Control Number Must be marked as emergency or ordinary under Emergency Conditions.
- If driving, a printed travel route with mileage (i.e., Mapquest, Google Maps) or;
- If flying, a printed flight itinerary with amount owed AER recommends the Fort Carson Carlson Wagonlit Travel Office at (719) 576-5188.

Mortgage

Letter from creditor stating amount owed

Rent (Demand for payment)

• Demand for payment - This is an El Paso county legal document (company owned rental) or if the rental is through an individual rather than a company, then it may be acceptable to present a signed note with the landlord's contact information.

Rent (Initial Security Deposit/First Month's Rent)

Lease - To include amount due for initial security deposit and first month's rent.

Utilities

Utility bill, including cable, phone bill and all bills have to be current.

APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE								
1. Soldier's Name (Last, fi	irst, MI)	2	2. Unit		3. ETS/RE	Γ Date 4. S	SSN	
5. Applicant's name and	relationship (If othe	r than Soldier o	r Retired Soldie	r) 6. Sponso	r's Phone #	7. Spc	nsor's Em	ail Address
8. Home or Permanent M	lailing Address of S	Sponsor				or do you		/ in bankruptcy e bankruptcy
10. Branch		1. Member Ty _l	ре	12. Special Power	of Attorney	within the	Yes	No
Regular Army A USAR	RNG	Active Retired	Dependent Survivor	Yes	No	If Yes, w	hat Chapte	er?
13. Reason (Provide a	brief summary o	f the circums	stances caus	ing your emerge	ncy financia	al need.)		
DoD ID#:	DoB:							
14. List the specific item(s) that are required	I to meet the e	emergency fina	ancial need:			¢	
							φ \$	
							\$	
							\$	
							\$ \$	
						Total	\$	
15. Applicant's Certifica	ation							
I hereby authorize the De in connection with this as and/or official military add the U.S. Government. Th application, in some case assistance. I certify the in	sistance. I further a dress to AER wher his application form es, will be provided	authorize the lever requeste, therefore, is by AER to the	Department of ed. I further un not subject to e Army in orde	the Army, or any a derstand that AER the Privacy Act (5 er to determine elig	agency, to suits an indepe U.S.C. 552a bility for and	upply my li endent priv i). Informa	atest hom vate entity tion provid	e address , not part of led on this
15a. Signature of Applicar	nt						1	5b. Date
16. Unit Commander or	First Sergeant Re	eview of Activ	ve Duty Appli	icant (Required fo	r all Soldie	rs not eliç	gible for E	Direct Access)
16a. I have reviewed Solo Indicate reason for app	•			end: A	pproval	Di	sapproval	
16b. Soldier is or	is not pending elimin	nation from the A	Army. 16c. Na	ame/Rank of Comp	any Comma	ander or F	irst Serge	ant
16d. Company Command	der or First Sergea	nt's Phone & E	Email 16e. Si	gnature of Compar	ny Command	der/First S	Sergeant	16f. Date
17. Action by AER Offic	er							
17a. Request is:	Approved.	Loan	Amount \$	G	rant Amoun	t\$		
	Disapproved. Sol	dier and Comr	mander have l	peen informed of th	e reasons fo	or disappr	oval.	
	Forwarded to the	Level II and/o	r III Approving	Official for action.				
17b. Name of AER Office	r	17	7c. Signature o	of AER Officer				17d. Date

COMPANY COMMANDER & FIRST SERGEANT QUICK ASSIST PROGRAM Application For Army Emergency Relief (AER) Financial Assistance			1. Section Number 2. Rank	
			3. SSN or AER Client ID #	
4. Soldier's Name (Last, First, MI)		5. ETS Date		
5. Unit 7. Soldier's Home or Perman	ent Mailing Address, Phone	# and Email		
3. Are you currently in bankruptcy or do you plan to file b within the next six months? Yes No	eankruptcy 8a. If you answer what Chap	wered Yes to Q oter?	uestion 8,	
P. Reason Why Assistance is Needed (Be complete and sp	ecific. If more space is needed	l, continue on se	oarate sheet)	
9a. Dependents for Whom You Furnish More Than One-Half S	Support (ID Card Holder):		Relationship	
Name	Age			
			\$	
9b. List Your Specific Emergency Financial Needs:				
			-	
		Total	\$	
I hereby authorize the Department of the Army to supply any rein connection with this assistance. I authorize the Department official military address to AER whenever requested. I further Government. This application form, therefore, is not subject to in some cases, will be provided by AER to the Army in order to certify the information provided on this application is complete, 10a. Signature of Applicant	t of the Army, or any agency, to understand that AER is an ind to the Privacy Act (5 U.S.C. 552 to determine eligibility for and a	ependent private (a). Information	entity, not part of the U.S provided on this application	
11. Unit Commander or First Sergeant	nation from the Army.			
11a. Soldier is or is not Pending Elimir 11b. Request is: Approved. (Approval is contingent upon A I have assessed the Soldier's fina Disapproved. Soldier has been in	NERO review that the requested assista	can afford to r	epay the CRP loan	
11c. Requested Amount \$ (Maximum \$2,	,000) 11d. Approved A	mount \$		
11e. Name/Rank of CDR/1SG, Signature, Phone #, and	d Email Signature		11f. Date	
12. AER Officer Review of the Application				
12a. I have performed the required administrative rev	view and Soldier is eligible t	or AER Assista	ance under the Compan	
Commander & First Sergeant Quick Assist Program.				
Commander & First Sergeant Quick Assist Program. 12b.	view and Soldier is not eligi		sistance under the	
Commander & First Sergeant Quick Assist Program. 12b. I have performed the required administrative review Company Commander & First Sergeant Quick Assist Program. Soldier's application is being returned to U.	view and Soldier is not eligi rogram due to: Jnit Commander/First Serge	ant		
Commander & First Sergeant Quick Assist Program. 12b.	view and Soldier is not eligi rogram due to: Jnit Commander/First Serge	ant		

Loot Name		Data C		_	
Last Name First Name		Date Rank		\dashv	RATIO SUMMAR
Unit		SSN - last four		\dashv	DEBT TO INCOM
Number in Family		On/Off Post	·	\dashv	
-				_	
	Income		Deductions		RETIREMENT
BASE PAY	IIICOIIIE	FED TAX	Deductions	\neg	KETINLIVILIVI
BAS		FICA - SOC SEC		\dashv	
ВАН		FICA - MEDICARE		7	
COLA		SGLI		7	CAR PAYMEN
SPECIAL PAY		STATE TAXES			
FAMILY SEPERATION		AFRH		7	
SPOUSE INCOME		MEAL DEDUCTIONS			
		DENTAL			BAH USAGE
		FAMILY SGLI		7	
		*ROTH TSP			<u></u>
		*TRAD TSP		7	
				\exists	HOURLY WAG
]	
Total Income (1)		Total Deductions (2)			
	_				
	Expenses		Payment	Creditors Balance	% or NSF Fee
RENT / MORTGAGE		CAR PAYMENT		\Box	T
WATER / ELECTRIC		CAR PAYMENT		—	1
CELL PHONE		AER LOAN		<u> </u>	1 <u></u>
GROCERIES		OMNI			
OUT OF HOME FOOD		PIONEER			
FUEL / GAS		STAR CARD			<u> </u>
ENTERTAINMENT		CREDIT CARD 1			
INTERNET CABLE		CREDIT CARD 2			
CAR / RENTERS INS		⊢			
LIFE INSURANCE		<u> </u>			
HAIRCUTS		H			
<u> </u>		H			
\vdash		F			
⊢		H			+
⊢		H			+
⊢		H			+
⊢		H			+
 		H			+
<u> </u>					+
otal Expenses (3)		Creditor Totals (4)			
rtal Expenses (v)		ordator rotato (.,			4
		1		INCOME	
		2		DEDUCTIONS	
		3		EXPENSES	
		4		DEBT	
		(1 - 2 - 3 - 4 = total)			
		Surplus / (Deficit)			

PERSONAL BUDGET WORKSHEET

Last Name	Doe
First Name	
	4th ID 1-38th IN A Co.
Number in Family	4

Date	MM - DD - YYYY
Rank	
SSN - last four	xxx-xx-1234
On/Off Post	Off Post Housing

FED TAX 74.88

FICA - SOC SEC 150.77 FICA - MEDICARE 35.26 SGLI 29

STATE TAXES 115

DENTAL

FAMILY SGLI

*ROTH TSP

*TRAD TSP

Total Deductions (2) \$ 464.73

MEAL DEDUCTIONS

AFRH

30

24.32

Deductions

RATIO	SUMMARY

DEBT TO INCOME 17%

RETIREMENT

1%

CAR PAYMENT

13%

BAH USAGE

84%

HOURLY WAGE

\$ 25.57

_	Income
BASE PAY	2431.80
BAS	369.39
ВАН	1545
COLA	
SPECIAL PAY	
FAMILY SEPERATION	
SPOUSE INCOME	
Total Income (1)	\$ 4,346.19

RENT / MORTGAGE 1300
WATER / ELECTRIC 178.46
CELL PHONE 185.78
GROCERIES 532
OUT OF HOME FOOD 100

FUEL/GAS 180

HAIRCUTS 50

Total Expenses (3) \$ 2,946.61

246.79

13.60

10

9.99

INTERNET CABLE 79.99

CAR / RENTERS INS

Netflix

Spotify

itunes

Amazon Prime

LIFE INSURANCE

Expenses

		Creditors	
	Payment	Balance	% or NSF Fee
CAR PAYMENT	487.26	\$ 24,523.00	6.9%
CAR PAYMENT			
AER LOAN	83.33	\$ 1,000.00	0%
OMNI			
PIONEER			
STAR CARD	65	879.45	12.59%
CREDIT CARD 1	27	650	10.99%
CREDIT CARD 2	85	1428	24.99%
Student Loans		24000	6%
Creditor Totals (4)	\$ 747.59	\$ 52,480.45	
1	¢ 4 246 10	INCOME	

1 \$ 4,346.19 INCOME
2 \$ 464.73 DEDUCTIONS
3 \$ 2,946.61 EXPENSES
4 \$ 747.59 DEBT

(1 - 2 - 3 - 4 = total)

Surplus / (Deficit)

\$ 187.26

RESET FORM