



Army Emergency Relief

Bldg 2494 Ricker Road

Fort Bliss, TX 79916

Phone: (915) 569-4227, option 1

Fax: (915) 568-8252

Hours of Operations:

0730-1115

Lunch from 1115-1230

Re-Open 1230-1530

Extended hours for Emergency Travel only until 1630

Call **AMERICAN RED CROSS** at 1-877-272-7337

Nights & Weekend Assistance for Emergency Travel

COMMANDER REFERRAL

Please bring the following to AER:

____ Latest End of Month Leave and Earnings Statement (LES).

____ Completed AER Form 600 with appropriate signature.

____ Military ID card for Soldier.

____ Applicants on Emergency Leave with a DA form 31 and a control number will receive same day service. All other requests will be processed the next business day.

____ No check pick-up or packet drop-off after 1530 hours. All actions will have to wait until the next business day.

NOTE to 1SG and CDR: After reviewing packet with your Soldier, ensure you have completed blocks 11 a-f on AER 600. Authorized assists are provided on the next page. 1SG/CDR approving authority is for \$2000.00 only. **Only immediate First Sergeant, Company Commander, acting 1SG with Assumption of Responsibility Orders or acting Commander with Assumption of Command Orders may sign and recommend approval. (Orders Required.)**

AER – A Soldier's First Choice!
September 1, 2017



Fort Bliss Financial Readiness Program

COMMANDER REFERRALS per AR 930-4 cannot be processed as a grant.

Documentation will be verified by the First Sergeant or Company Commander.

Categories of Assistance for Commander Referral Program:

EMERGENCY TRAVEL: DA Form 31 with Control Number placing Soldier on Emergency Leave or Ordinary Leave Under Emergency Situations. (No Pass or Ordinary Leave accepted)

RENT: to include initial Rent and Deposit

UTILITIES: Electric, Gas, Water, and Phone

ESSENTIAL POV: Late Payment, POV Insurance, and POV Repair

FOOD ASSISTANCE

FUEL ASSISTANCE

DENTAL/MEDICAL BILL (Service Member's Co-Payment)

CHILD CAR SEATS

PURCHASE OF INITIAL FURNITURE

PURCHASE OF INITIAL APPLIANCES: Washer, Dryer, Refrigerator, Stove

Any application that does not meet AR 930-4 or AER guidelines will be disapproved as a Commander's Referral loan.

Unauthorized assistance: AER financial assistance is not authorized for the following reasons:

- a. Divorces.
- b. Marriages.
- c. Education expenses (tuition, room and board, books and supplies) except as authorized in chapter 6.
- d. Rental, lease or purchase of new/used privately owned vehicle and costs associated with rental, lease, or purchase (for example, taxes, registration, insurance, transportation, etc).
- e. Travel of non-command sponsored dependents from continental United States (CONUS) to overseas commands.
- f. Ordinary leave or vacation.
- g. Liquidation or consolidation of outstanding debts to include credit cards.
- h. Business ventures or any similar investment.
- i. Funds to replace those overdrawn from bank account.
- j. Civilian court fees, fines, judgments, liens, bail, legal fees, and income taxes, except to prevent immediate privation of dependents.
- k. Goods or items for convenience, comfort, or luxury.
- l. Continuing assistance.
- m. Abortion. (No exceptions to policy authorized.)

Instructions for preparing AER Form 600v1

COMMANDER'S REFERRAL PROGRAM,

Application for Army Emergency Relief (AER) Financial Assistance

This form contains items that can be filled out online and then printed, or it can be printed as a blank document and filled out by hand.

1. This item is the AER Section number – enter if known
- 2-5. Self-Explanatory
6. This item may have multiple lines
- 6a. This item may have multiple lines
7. For each question, only Yes or No may to be checked. The Bankruptcy Chapter line may contain no more than 2 digits.
8. This item may have multiple lines
- 8a. Self-Explanatory
- 8b. The Financial Needs Amount Column will only allow numbers and will automatically add the total.
- 9a. This field may not be filled in
- 9b. Self-Explanatory
- 10a. Only one box may be checked
- 10b. Only one box may be checked
- 10c-f. Self-Explanatory
11. These items are completed by the AERO
- 11b. If this box is checked, please indicate a reason and check the correct routing box.
- 11c. Self-Explanatory
- 11d. Self-Explanatory

COMMANDER'S REFERRAL PROGRAM Application For Army Emergency Relief (AER) Financial Assistance		1. Section Number	2. Rank
4. Soldier's Name (Last, First, MI)		3. SSN or AER Client ID #	
		5. ETS Date	
6. Unit	7. Soldier's Home or Permanent Mailing Address, Phone # and Email		
8. Are you currently in bankruptcy or do you plan to file bankruptcy within the next six months? <input type="radio"/> Yes <input type="radio"/> No		8a. If you answered Yes to Question 8, what Chapter? _____	
9. Reason Why Assistance is Needed (Be complete and specific. If more space is needed, continue on separate sheet)			
9a. Dependents for Whom You Furnish More Than One-Half Support (ID Card Holder):			
Name		Age	Relationship
9b. List Your Specific Emergency Financial Needs:		\$	
		\$	
		\$	
		Total	\$
10. Applicant's Certification		Show Total	Hide Total
<p>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 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.</p>			
10a. Signature of Applicant		10b. Date	
11. Unit Commander or First Sergeant			
11a. Soldier <input type="checkbox"/> is or <input type="checkbox"/> is not Pending Elimination from the Army.			
11b. Request is: <input type="checkbox"/> Approved. (Approval is contingent upon AERO review that the requested assistance is IAW AER policies and general guidelines)			
<input type="checkbox"/> I have assessed the Soldier's financial well-being and he/she can afford to repay the CRP loan <input type="checkbox"/> Disapproved. Soldier has been informed of reason(s) why this request was disapproved. Initial _____			
11c. Requested Amount \$_____ (Maximum \$2,000)		11d. Approved Amount \$_____	
11e. Name/Rank of CDR/1SG, Signature, Phone #, and Email		Signature	11f. Date
12. AER Officer Review of the Application			
12a. <input type="checkbox"/> I have performed the required administrative review and Soldier is eligible for AER Assistance under Commander's Referral.			
12b. <input type="checkbox"/> I have performed the required administrative review and Soldier is not eligible for AER Assistance under Commander's Referral Program due to _____			
<input type="checkbox"/> Soldier's application is being returned to Unit Commander <input type="checkbox"/> Soldier's request is being processed as a routine AER case per Unit Commander			
12c. Name of AERO		Signature	12d. Date



Army Emergency Relief (AER) Budget Sheet

For use of this form see the AER Section Reference Manual

Name: _____ SSN or AER Client ID: _____

Complete blocks 1 through 8 ensuring block 8 reflects a balance.

1	BASE MONTHLY ENTITLEMENTS	AMOUNT	2	FIXED MONTHLY EXPENDITURES	AMOUNT
a	Military/Retired Pay		a	Food	
b	BAS		b	Rent/Mortgage	
c	BAH		c	Utilities (Electricity/Water/Sewer/Gas)	
d	Special Duty Pay		d	Phone/Internet/Cable	
e	Spouse Income		e	Cell Phone	
f	Survivor Income		f	Other	
g	Other		g	Other	
h	Other		h	Other	
i	Other		i	Other	
j	Other		j	Other	
k	Other		k	Other	
l	Other		l	Total Indebtedness from block 3f	\$0.00
1l	TOTAL MONTHLY ENTITLEMENTS (block 5)	\$0.00	2l	TOTAL MONTHLY EXPENDITURES (block 6)	\$0.00

3	INDEBTEDNESS (Transfer amount of monthly payments from block 3f to block 2l)							
	CREDITOR	DATE INCURRED	ORIGINAL AMOUNT	PURPOSE	MONTHLY AMOUNT	DATE LAST PYMT	BALANCE DUE	DATE VERIFIED
a								
b								
c								
d								
e								
3f	TOTAL MONTHLY PAYMENTS				\$0.00	TOTAL DUE	\$0.00	

4	DEDUCTIONS (INCLUDED IN GROSS ENTITLEMENTS)			
	ITEM	AMOUNT		AMOUNT
a	Federal Income Tax		g	TSP
b	Social Security (FICA)		h	Other
c	Medicare		i	Other Allotment 1
d	State Income Tax		j	Other Allotment 2
e	Insurance (SGLI/TSGLI/FSGLI)		k	Other Allotment 3
f	Dental Plan		l	Other Allotment 4
4m	TOTAL DEDUCTIONS			\$0.00
5	TOTAL MONTHLY ENTITLEMENTS (amount from Box 1l)			\$0.00
6	TOTAL MONTHLY EXPENDITURES (amount from Box 2l)			\$0.00
7	TOTAL DEDUCTIONS (amount from Box 4m)			\$0.00
8	BALANCE: + OR (-)			\$0.00

NOTE: A Soldier's monthly surplus does not automatically dictate rendering a decision to provide a loan. Full or Partial grants should be considered in every case.