



Army Emergency Relief

Bldg 2494 Ricker Road

Fort Bliss, TX 79916

Phone: (915) 569-4227, option 1

Fax: (915) 568-8252

Hours of Operations:

Mon.-Wed. & Fri.: 0730-1115 & 1230-1530

Thur.: 1000-1115 & 1230-1530

Mon.-Fri.: Closed for lunch from 1115-1230

Extended hours for Emergency Travel until 1630

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

Nights & Weekend Assistance for Emergency Travel

**Applicant must bring all appropriate documentation needed for assistance.
Lack of required documentation may result in a request being denied.**

Please bring the following and see reverse for additional documentation required.

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

____ Completed AER Form 700 with appropriate signature.

____ Completed Budget Sheet.

____ Military ID card for Soldier (and family members if applicable).

____ 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.

____ If 1SG/CDR signature is required, they must complete sections 16a.-16f.
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 must be submitted with the packet.

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



RENT:

___ **Initial Rent & Deposit:** Lease, rental agreement or official written statement of cost to move into apartment or home.

___ **Late Rent** - Written statement from apartment complex, real estate company or notarized letter from homeowner to include landlord's name, date, telephone number and total amount to pay.

___ **Lodging** - Statement or receipt from lodging (AER will assist with 7-10days)

EMERGENCY TRAVEL:

___ Completed DA Form 31 with **Control Number**, required signatures placing SM on "**Emergency Leave**" or "**Ordinary Leave Under Other Situations**". With the phrase "That approval for Ordinary Leave is in accordance with parameters of Para 6-1(f), AR 600-8-10" in the remarks section of DA Form 31, then assistance is Authorized (No Pass or Ordinary Leave)

___ Air - Flight itinerary/Airline conf. #

OR

___ POV - Total trip miles (.30 per mile)

OR

___ Bus - Total trip cost

___ ARC message or case number

___ Rental car quote.

ESSENTIAL POV

(Vehicle Insurance and Registration must be in SM or Spouse's name)

*Current Registration, Insurance, and Driver's License **required** for all POV assistance.

___ Routine Maintenance

___ POV payment

___ Insurance Premium

___ Insurance Deductible (one- time assist)

___ Fuel assistance.

___ Essential Repairs: Itemized estimate for needed repairs from an established facility.

___ Rental car quote. (When sole POV is being repaired)

REPLACEMENT VEHICLE(ONLY when repair for the vehicle exceeds the KBB)

___ Itemized estimate for needed repair

___ Kelly Blue Book or NADA

___ Contract with defined cost of the vehicle

UTILITIES:

___ Electric, Water and/or Gas Bill,

___ Phone/Cell Phone Bill (Not both)

___ Internet

FOOD ASSISTANCE:

___ Based off of USDA standards

ESSENTIAL FURNITURE

___ Itemized statement of cost of furniture

MEDICAL/DENTAL EXPENSES:

___ Actual bill or payment statement and/or payment plan that Tri-Care or MetLife does not cover. In some cases emergency statement from doctor may be required.

FUNERAL EXPENSES:

___ Bill/written statement from funeral home (Include Company name & phone number)

EYEGLASSES**HEARING AIDS****MEDICAL EQUIPMENT****MINOR HOME REPAIRS:**

(HVAC, Water Heater, Exterior Water Line, Interior Plumbing, Interior Gas Line, Electrical Wiring, Roof):

___ Written estimate from a licensed and certified professional of repairs or replacement cost.

PURCHASE OR REPAIR OF BASIC**ESSENTIAL APPLIANCES:**

(Refrigerator, Stove, Washer, Dryer)

___ Printed appliance quote.

___ Written estimate from a licensed and certified professional of repairs.

CHILD CAR SEATS:

___ Estimate of child car seat.

CRANIAL HELMETS:

Based upon individual situation & needs.

___ Estimate for Cranial helmets.

APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE

| | | | | | |
|--|--|---|---|---|---|
| 1. Soldier's Name (Last, first, MI) | | 2. Unit | | 3. ETS/RET Date | 4. SSN or AER Client ID # |
| 5. Applicant's name and relationship (If other than Soldier or Retired Soldier) | | | 6. Sponsor's Phone # | | 7. Sponsor's Email Address |
| 8. Home or Permanent Mailing Address of Sponsor | | | | | 9. 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 If Yes, what Chapter? _____ |
| 10. Branch <input type="radio"/> Regular Army <input type="radio"/> ARNG <input type="radio"/> USAR <input type="radio"/> _____ | | 11. Member Type <input type="radio"/> Active <input type="radio"/> Dependent <input type="radio"/> Retired <input type="radio"/> Survivor | | 12. Special Power of Attorney <input type="radio"/> Yes <input type="radio"/> No | |
| 13. Reason (Provide a brief summary of the circumstances causing your emergency financial need.) | | | | | |
| 14. List the specific item(s) that are required to meet the emergency financial need: | | | | | |
| | | | | | \$ _____ |
| | | | | | _____ |
| | | | | | _____ |
| | | | | | _____ |
| | | | | | _____ |
| Total | | | | | \$ 0.00 |
| 15. Applicant's Certification | | | | | |
| 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 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. | | | | | |
| 15a. Signature of Applicant | | | | | 15b. Date |
| 16. Unit Commander or First Sergeant Review of Active Duty Applicant (Required for all Soldiers not eligible for Direct Access) | | | | | |
| 16a. I have reviewed Soldier's request for AER assistance and recommend: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <i>Indicate reason for approval or disapproval recommendation:</i> | | | | | |
| 16b. Soldier <input type="checkbox"/> is or <input type="checkbox"/> is not pending elimination from the Army. | | | 16c. Name/Rank of Company Commander or First Sergeant | | |
| 16d. Company Commander or First Sergeant's Phone & Email | | | 16e. Signature of Company Commander/First Sergeant | | 16f. Date |
| 17. Action by AER Officer | | | | | |
| 17a. Request is: <input type="checkbox"/> Approved. Loan Amount \$ _____ Grant Amount \$ _____ <input type="checkbox"/> Disapproved. Soldier and Commander have been informed of the reasons for disapproval. <input type="checkbox"/> Forwarded to the Level II and/or III Approving Official for action. | | | | | |
| 17b. Name of AER Officer | | 17c. Signature of AER Officer | | | 17d. 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 | | ITEM | 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.