

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

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

Plea	se 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.

NOTE to 1SG and CDR: After reviewing packet with your Soldier, ensure you have completed blocks 10 a-f on AER 600. Authorized assists are provided on the next page. 1SG/CDR approving authority is for \$1500 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!



Fort Bliss Financial Readiness Program

RENT:	
Initial Rent & Deposit: Lease, rental agreement or official written statement of cost to move into apartment or home.	UTILITIES: Electric, Water and/or Gas Bill, Phone/Cell Phone Bill (Not both)
Late Rent - Written statement from	Internet
apartment complex, real estate company or	
notarized letter from homeowner to include	FOOD ASSISTANCE:
landlord's name, date, telephone number	Based off of USDA standards
and total amount to pay.	FOOFNITIAL FURNITURE
Lodging - Statement or receipt from	ESSENTIAL FURNITURE
lodging (AER will assist with 7-10days)	Itemized statement of cost of furniture
EMERGENCY TRAVEL:	MEDICAL/DENTAL EXPENSES:
Completed DA Form 31with Control	Actual bill or payment statement and/or
Number, required signatures placing SM on	payment plan that Tri-Care or MetLife does
"Emergency Leave" or "Ordinary Leave	not cover. In some cases emergency
Under Other Situations". With the phrase	statement from doctor may be required.
"That approval for Ordinary Leave is in	
accordance with parameters of Para 6-1(f),	FUNERAL EXPENSES:
AR 600-8-10" in the remarks section of DA	Bill/written statement from funeral home
Form 31, then assistance is Authorized	(Include Company name & phone number)
(No Pass or Ordinary Leave)	
Air – Flight itinerary/Airline conf. #	TRAVEL FUNDS FOR RELOCATION:
OR	Soldiers who file for advanced pay and
POV – Total trip miles (.30 per mile)	have not received their requested PCS
OR Bus – Total trip cost	travel entitlements, prior to departing , may request assistance to PCS destination.
ARC message or case number	request assistance to FCS destination.
Rental car quote.	MINOR HOME REPAIRS:
Nontai our quote.	(HVAC, Water Heater, Exterior Water Line,
ESSENTIAL POV	Interior Plumbing, Interior Gas Line,
(Vehicle Insurance and Registration must	Electrical Wiring):
be in SM or Spouse's name)	Written estimate from a licensed and
*Current Registration, Insurance, and	certified professional of repairs or
Driver's License required for all POV	replacement cost.
assistance.	
Routine Maintenance	PURCHASE OR REPAIR OF BASIC
POV payment	ESSENTIAL APPLICANCES:
Insurance Bill	(Refrigerator, Stove, Washer, Dryer)
Insurance Deductible (one- time assist)	Printed appliance quote.
Fuel assistance.	Written estimate from a licensed and
Essential Repairs: Itemized estimate for	certified professional of repairs.
needed repairs from an established facility.	CHILD CAR SEATS:
Rental car quote. (When sole POV is being repaired)	Estimate of child car seat.
being repaired)	Estimate of child car seat.
REPLACEMENT VEHICLE	CRANIAL HELMETS:
Itemized estimate for needed repair	Based upon individual situation & needs.
Kelly Blue Book or NADA	Estimate for Cranial helmets.
Contract with defined cost of the vehicle	

APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE									
1. Soldier's Name (La	ast, first, MI)			2. Unit		3. ETS/RET Da	ate 4. SSN or AER Client ID#		
5. Branch	6. Rank			Permanent Mailing A		ldier, Retiree, D	Dependent or Surviving Family		
Regular Army	Retired	Dependent	Member, 1 1	none and Email Addit	C 33				
USAR	ARNG	Survivor							
8. Applicant's name a	3. Applicant's name and relationship (If other than Soldier or Retiree) 9. Special Power of Attorn								
	Yes No								
10. Reason (Provide a brief summary of the circumstances causing your emergency financial need. If more space is needed, continue on separate sheet):									
11. List the specific it	tem(s) that	are required	to meet the	emergency financial	need:		\$\$		
						Tota	al \$		
12. Applicant's Cert	tification								
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 com-									
plete, true and correc						1.	10h D-1-		
12a. Signature of App							12b. Date		
13a. I have reviewed Indicate reason for	Soldier's r	equest for Al	ER assistand	ce and recommend:		r all Soldiers no oproval	t eligible for Direct Access) Disapproval		
	s or			g Elimination From T					
13c. Name/Rank of	Compan	y Command	der or First	Sergeant, Signatur	e, Phone #,	and Email	13d. Date		
14. Action by AER Officer									
14a. Request is:	Appro	ved.	Loa	n Amount \$	Gı	rant Amount \$			
	Disapproved. Soldier and Commander have been informed of the reasons for disapproval.								
			Level II and/	or III Approving Offic	ial for action.				
14b. Name of AER O	fficer and S	Signature					14c. Date		



Army Emergency Relief (AER) Budget Sheet For use of this form see the AER Section Reference Manual

Name:					AER Client ID	:				
Comple	te blocks 1 through 8 ensuring b	lock 8 refle	cts a balance.							
1	BASE MONTHLY ENTITLE	AMOUNT	2	FIXED MONTHLY EXPENDITURES				AMOUNT		
а	Military/Retired Pay			a	Food					
b	BAS		b	Rent/Mortgage						
С	ВАН			С	Utilities (Ele	ctricity/Wat	er/Sewer/Gas	s)		
d	Special Duty Pay			d	Phone/Internet/Cable					
е	Spouse Income			е	Cell Phone					
f	Survivor Income			f	Other					
g	Other			g	Other					
h	Other			h	Other					
i	Other			<u>i</u>	Other					
j	Other			<u>j</u>	Other					
k	Other			k	Other					
- 1	Other			ı	Total Indebtedness from block 3f					
11	TOTAL MONTHLY ENTITILEMENTS (block 5)	\$0.00	21	TOTAL MONTHLY EXPENDITURES (block 6)				\$0.00		
	INDEBTEDNESS (Transfer amount montly payments from block 3f to block 1I)									
3	CREDITOR	DATE INCURRED	ORIGINAL AMOUNT	PURPOSE		MONTHLY AMOUNT	DATE LAST PYMT	BALANC DUE	E DATE VERIFIED	
а										
b										
С										
d										
е										
3f					PAYMENTS	\$0.00	TOTAL DUE	\$0	.00	
Δ	DEDUCTIONS (INCLUDED IN GROSS	ENTITLEME	NTS)							
4	ITEM AMOUNT					ITEM			AMOUNT	
а	Federal Income Tax			g	TSP					
b	Social Security (FICA)			h	Other	r				
С	Medicare		i	Other Allotment 1						
d	State Income Tax		j	Other Allotment 2						
е	Insurance (SGLI/TSGLI/FSGLI)		k	Other Allotment 3						
f	Dental Plan		Т	Other Allotment 4						
4m					тот	AL DEDUCTIO	NS NS	\$0.00		
5	TOTAL MONTHLY ENTITLEMENTS (amount from Box 1I)							\$0.00		
6	TOTAL MONTHLY EXPENDITURES (amount from Box 2I)							\$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.