American Legion Auxiliary Emergency Fund Application for Assistance (AEF)

Name:	THIS SECTION TO BE COMPLETED BY DEPARTMENT
Membership ID #	SECRETARY
Unit #	I certify that the applicant has paid dues for the two immediate preceding years and her dues have been
Date of Birth:	received for the current year.
Address:	
Street	Department Secretary's Signature Date
City State Zip Code	
Phone:	Rules/Instructions
	The Auxiliary Emergency Fund was created to provide:
E-Mail Marital Status: Married Single Widowed Separated What is your current employment status?	- 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.
 □ Full-Time □ Part-Time □ Laid-Off □ Retired □ Worker's Compensation □ Unemployed 	Temporary assistance for food and shelter to eligible members related to weather-related emergencies and natural disasters
Place of Employment: (If Unemployed, please explain in the Narrative section of page 3)	Temporary assistance for educational training for eligible members who lack the necessary skills for employment or to upgrade competitive
Please list your last date of employment:	workforce skills.
What specific steps have you taken to secure employment?	Assistance will not be granted to pay accumulated debts.
what specific steps have you taken to secure employment?	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.
Are you a veteran? ☐ Yes ☐ No	Eligibility: Persons who have been members of the
If yes, please list dates of service:	American Legion Auxiliary for at least the immediate past two consecutive years. AND whose current membership
What is your spouse's current employment status?	dues are paid at the time the emergency occurs (three
☐ Full-time ☐ Part-time ☐ Laid-Off ☐ Retired ☐ Worker's Compensation ☐ Unemployed	consecutive years' dues) may apply for assistance. Assistance Provided : The maximum grant amount is \$2,400.00, disbursed as the Auxiliary Emergency Fund
Spouse's Place of Employment:	Grant Committee determines.
(If Unemployed, please explain in the Narrative section of page 3)	UNIT, PLEASE READ THE FOLLOWING: Each AEF application is assessed entirely on the basis of the written record provided herein. Therefore, both the
Please list your spouses last date of employment:	Unit and member should be specific and thorough when
Is your spouse a veteran? \Box Yes \Box No	completing the application. Please type or print neatly to ensure legibility. Remember to:
If yes, please list dates of service:	☐ Ensure the applicant has completed all applicable
If spouse if deceased, please list date of death:	sections.
Are there any minor children living in your home? ☐ Yes ☐ No	☐ Ensure all sections requiring Unit input are complete.☐ Ensure all appropriate signatures have been obtained.
If yes, please list by name, age and relationship to you:	☐ Forward the completed application to your Department Secretary.
Are there any other adults living in your home? ☐ Yes ☐ No	This section to be completed at National Headquarters
If yes, please list by name and relationship to you:	Date Received: Case Number: Membership Verification:

Current Monthly Income

Total for all current monthly income:		Total for all current monthly expenses: information	
		T-4-1 for all assessed as and large	
		(i.e. medical bill payments, credit card payments, etc.)	
		Other expenses (please specify):	
(Please Specify Source)			
Other Income:		Health: Other:	
Stock Dividends:		Auto:	
County/State Assistance:		Life:	
Alimony:		Homeowners:	
Workman's Compensation:			
Unemployment Compensation:		Insurance:	
Aid from Post/Unit:		Toiletries:	
WIC:		Medication:	
Food Stamps:		Child Care:	
SSD:		Telephone:	
SSI:		Food:	
Social Security:		Water/Sewage:	
Child Support:		(Please select which type of fuel) □Gas	s 🗆 Propane 🗆 O
Veteran's Pension/Compensation:		Fuel for Heating:	
Earnings of other(s) in household:		Electricity:	
Current Earnings of Spouse:		Amount of monthly payment/rent:	
Current earnings of Applicant:		Do you own or rent your home?	□ Own □ Ren

1 1

Current Monthly Expenses

Mortgage Company/Landlor	Name of Institution		Account # (i	f applicable)
Address:				
	Street	City	State	Zip
Utility Company or Other: _				
_	Name of Company		Acc	count #
Address:				
	Street	City	State	Zip
Utility Company or Other: _				

Name of Company

Street

Address:

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.

City

Account #

Zip

State

Federal, State and Local Assistance

Source	Date Applied:	Status: A=Approved D=Denied P=Pending	Amount Approved: (If Eligible)	If ineligible, please explain:
Post/Unit		r – r enamg		
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 (Please List):				

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.

ij inis portion is not complete ana /or a signature is not present, inis application witt be returnea.				

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. l	ightning, heavy snow)
	□ Earthquake	e □ Other (<i>Plea</i>	use Explain)		
Is the affected dwelling your prim	nary residence?	□ Yes □ No	Are you still	residing in the dwelling?	□ Yes □ No
If you are not still residing in the oyur home:	dwelling, please	explain where yo	ou are currently livi	ng as well as how long you	anticipate being out of
Please explain the damage incurre	ed:				
(You may attach additional sheets or local Law Enforcement, etc.) <i>A need returned</i> . Did you purchase emergency supp	s these items CA l	NNOT be returne			
(If yes, please list the cost of these	e supplies and pr	ovide copies of a	pplicable receipts.)	
□ Plywood □ General	tor 🗆	Gasoline	□ Dry Ice	Bottled Water	
□ Lodging □ Other ((please explain) _				
Is the affected property insured?	Yes \(\text{No} \) If yes	s, please indicate	the amount you ex	pect to receive from the pol	icy:
(Please attach copies of any applic	cable documents	regarding the pro	perty's insurance p	olicy)	
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? \square Yes \square 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 (4) Ending Date (2) Cost Per Course (3) Beginning 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? \(\subseteq Yes \) \(\subseteq No \) 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 additiona	al space is needed, attach a separa	te piece of paper.)	
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appointed by the when the Unit Pr Otherwise, all the appoint herself to	e Unit President). Those who sign by the resident or Unit Secretary is inaccured signatures are required before to be the investigator. Number:	SIGNATURES signed by the Unit President, Unit below cannot be related to the application can be processed. As the application can be processed.	licant. Two signatures are n, etc.), is the applicant or ALSO NOTE: The Unit P	accepted ONLY is related to the applicant.
Address:	Street	City	State	Zip Code
Daytime Phone:		E-mail:		·
Unit Secretary: _	Printed Name		Signature	
Address:	Street	C:t	Chata	7:- C- I-
D. C. Blesser		City	State	Zip Code
Unit Investigator:	Printed Name		Signature	
			Signature	
Address:	Street	City	State	Zip Code