

# American Legion Auxiliary Emergency Fund Application for Assistance (AEF)

Name: \_\_\_\_\_

Membership ID # \_\_\_\_\_

Unit # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Separated

What is your current employment status?

- Full-Time  Part-Time  Laid-Off  Retired  
 Worker's Compensation  Unemployed

Place of Employment: \_\_\_\_\_

*(If Unemployed, please explain in the Narrative section of page 3)*

Please list your last date of employment: \_\_\_\_\_

What specific steps have you taken to secure employment?

\_\_\_\_\_  
\_\_\_\_\_

Are you a veteran?  Yes  No

If yes, please list dates of service: \_\_\_\_\_

What is your spouse's current employment status?

- Full-time  Part-time  Laid-Off  Retired  
 Worker's Compensation  Unemployed

Spouse's Place of Employment: \_\_\_\_\_

*(If Unemployed, please explain in the Narrative section of page 3)*

Please list your spouses last date of employment: \_\_\_\_\_

Is your spouse a veteran?  Yes  No

If yes, please list dates of service: \_\_\_\_\_

If spouse is deceased, please list date of death: \_\_\_\_\_

Are there any minor children living in your home?  Yes  No

If yes, please list by name, age and relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

Are there any other adults living in your home?  Yes  No

If yes, please list by name and relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY DEPARTMENT SECRETARY

*I certify that the applicant has paid dues for the two immediate preceding years and her dues have been received for the current year.*

\_\_\_\_\_  
Department Secretary's Signature

\_\_\_\_\_  
Date

### Rules/Instructions

The Auxiliary Emergency Fund was created to provide:

- 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.
- Temporary assistance for food and shelter to eligible members related to weather-related emergencies and natural disasters
- Temporary assistance for educational training for eligible members who lack the necessary skills for employment or to upgrade competitive workforce skills.
- The AEF maintains the confidentiality of all applications, reviews, and supporting documents, and will neither disclose nor release AEF applications, files, or cases to anyone outside of the ALA AEF Review Committee.

***Assistance will not be granted to pay accumulated debts or medical expenses. 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.***

**Eligibility:** Persons who have been members of the American Legion Auxiliary for at least the immediate past two consecutive years. AND whose current membership dues are paid at the time the emergency occurs (three consecutive years' dues) may apply for assistance.

**Assistance Provided:** The maximum grant amount is \$2,400.00, disbursed as the Auxiliary Emergency Fund Grant Committee determines.

### UNIT, PLEASE READ THE FOLLOWING:

Each AEF application is assessed entirely on the basis of the written record provided herein. Therefore, both the Unit and member should be specific and thorough when completing the application. Please type or print neatly to ensure legibility.

#### Remember to:

- Ensure the applicant has completed all applicable sections.
- Ensure all sections requiring Unit input are complete.
- Ensure all appropriate signatures have been obtained.
- Forward the completed application to your Department Secretary.

*This section to be completed at National Headquarters*

Date Received: \_\_\_\_\_ Case Number: \_\_\_\_\_

Membership Verification: \_\_\_\_\_

## Current Monthly Income

Current earnings of Applicant: \_\_\_\_\_  
 Current Earnings of Spouse: \_\_\_\_\_  
 Earnings of other(s) in household: \_\_\_\_\_  
 Veteran's Pension/Compensation: \_\_\_\_\_  
 Child Support: \_\_\_\_\_  
 Social Security: \_\_\_\_\_  
 SSI: \_\_\_\_\_  
 SSD: \_\_\_\_\_  
 Food Stamps: \_\_\_\_\_  
 WIC: \_\_\_\_\_  
 Aid from Post/Unit: \_\_\_\_\_  
 Unemployment Compensation: \_\_\_\_\_  
 Workman's Compensation: \_\_\_\_\_  
 Alimony: \_\_\_\_\_  
 County/State Assistance: \_\_\_\_\_  
 Stock Dividends: \_\_\_\_\_  
 Other Income: \_\_\_\_\_  
 (Please Specify Source) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Total for all current monthly income:** \_\_\_\_\_

## Current Monthly Expenses

Do you own or rent your home?  Own  Rent  
 Amount of monthly payment/rent: \_\_\_\_\_  
 Electricity: \_\_\_\_\_  
 Fuel for Heating: \_\_\_\_\_  
 (Please select which type of fuel)  Gas  Propane  Oil  
 Water/Sewage: \_\_\_\_\_  
 Food: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Child Care: \_\_\_\_\_  
 Medication: \_\_\_\_\_  
 Toiletries: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Homeowners: \_\_\_\_\_  
 Life: \_\_\_\_\_  
 Auto: \_\_\_\_\_  
 Health: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other expenses (please specify): \_\_\_\_\_  
 (i.e. medical bill payments, credit card payments, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
**Total for all current monthly expenses:** \_\_\_\_\_

## Creditor Information

Mortgage Company/Landlord: \_\_\_\_\_  
 Name of Institution Account # (if applicable)  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Utility Company or Other: \_\_\_\_\_  
 Name of Company Account #  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Utility Company or Other: \_\_\_\_\_  
 Name of Company Account #  
 Address: \_\_\_\_\_  
 Street City State Zip

### 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.

# Federal, State and Local Assistance

Source	Date Applied:	<u>Status:</u> <i>A=Approved</i> <i>D=Denied</i> <i>P=Pending</i>	Amount Approved: <i>(If Eligible)</i>	If ineligible, please explain:
Post/Unit				
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 <i>(Please List):</i>				

## 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.

*If this portion is not complete and /or a signature is not present, this application will be returned.*

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# 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. lightning, heavy snow)  
 Earthquake       Other (Please Explain) \_\_\_\_\_

Is the affected dwelling your primary residence?       Yes    No      Are you still residing in the dwelling?       Yes    No

If you are not still residing in the dwelling, please explain where you are currently living as well as how long you anticipate being out of your home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain the damage incurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(You may attach additional sheets of paper if needed. Please include copies of any photographs, repair estimates, statements from FEMA or local Law Enforcement, etc.) *As these items **CANNOT** be returned, please **DO NOT** send original receipts or photos that you may need returned.*

Did you purchase emergency supplies?       Yes    No

*(If yes, please list the cost of these supplies and provide copies of applicable receipts. )*

Plywood \_\_\_\_\_    Generator \_\_\_\_\_    Gasoline \_\_\_\_\_    Dry Ice \_\_\_\_\_    Bottled Water \_\_\_\_\_  
 Lodging \_\_\_\_\_    Other (please explain) \_\_\_\_\_

Is the affected property insured?  Yes  No *If yes, please indicate the amount you expect to receive from the policy:*

\_\_\_\_\_  
\_\_\_\_\_

(Please attach copies of any applicable documents regarding the property's insurance policy)

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?  Yes  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	(2) Cost Per Course	(3) Beginning Date	(4) Ending 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?  Yes  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 additional space is needed, attach a separate piece of paper.)*

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## SIGNATURES

**IMPORTANT NOTE:** This application **MUST** be signed by the Unit President, Unit Secretary and the Unit Investigator (who is appointed by the Unit President). Those who sign below cannot be related to the applicant. Two signatures are accepted **ONLY** when the Unit President or Unit Secretary is inaccessible (in the hospital, out of town, etc.), is the applicant or is related to the applicant. Otherwise, all three signatures are required before the application can be processed. **ALSO NOTE:** The Unit President cannot appoint herself to be the investigator.

**Unit Name and Number:** \_\_\_\_\_

**Unit President:** \_\_\_\_\_  
Printed Name Signature

Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Unit Secretary:** \_\_\_\_\_  
Printed Name Signature

Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Unit Investigator:** \_\_\_\_\_  
Printed Name Signature

Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_