



For Internal Use Only

Case # _____
 Date Received _____
 # of Continuous Yrs. _____

**American Legion Auxiliary Emergency Fund
 Expedited Application for Members Affected by Disaster**

Application must be received at National Headquarters within 3 months from disaster date

You may fax completed application to National Headquarters at (317) 569-4502, mail to American Legion Auxiliary National Headquarters, Attn: AEF, 8945 N. Meridian St, Indianapolis, IN 46260, or e-mail directly to AEF@ALAforVeterans.org. Questions may be directed to Amanda Ginter at (317) 569-4564. Note: *Applications lacking required information may be returned.*

Type of Disaster: Fire Flood Hurricane Tornado Earthquake Severe Weather (i.e. lightning, heavy snow)
 Other (Please Explain) _____ **Date of Occurrence:** _____

Member's Full Name: _____ Member ID #: _____

Member's Unit # & Location: _____ Member's Dept: _____

Member's Address at time of Disaster: _____
address city state zip

Member's Phone Number: () _____ - _____ Family size / # of Dependents: _____

Do you own or rent primary residence? Rent Own Was primary residence damaged? Yes No
 If damaged, was residence insured? Yes No If insured, please indicate amount you expect to receive from policy: \$ _____
 Are you still residing in residence? Yes No If no, please explain current living arrangements: _____

How long were you or do you anticipate being out of home? _____ days _____ weeks
 Was employment of member lost due to disaster? Yes No Was employment of her spouse lost due to disaster? Yes No
 Was employment of member temporarily suspended? Yes No Was it for spouse? Yes No
 If yes, how long for each? Member: _____ days _____ weeks Spouse: _____ days _____ weeks

Damage Incurred: Please explain damage incurred, **attaching additional sheets as needed to fully explain extent of damage.** Include any available photos, copies of repair estimates, statements from FEMA and/or local law enforcement, etc. *These items cannot be returned.*

Emergency Expenses Incurred Emergency Lodging: \$ _____ Food/Water: \$ _____ Other \$ _____
 Please explain "Other" expenses, such as plywood, generator, dry ice, etc., and attach copies of applicable receipts.

PAYMENT INFORMATION

Payment can be transmitted by electronic funds directly to the member's bank account OR a check can be mailed. You must provide a complete mailing address for delivery of a check by the U.S. Postal Service. For electronic funds transfer, you must provide the bank name, routing /ABA number, type of account and your account number. If available, please include a voided check for accuracy.

Member's (Applicant's) Name as listed on Account: _____
 Member's Address as listed on Account: _____
 Name of Member's Bank: _____ Type of Account: Checking Savings
 Bank Routing#/ABA # _____ Member's Bank Account # _____
 Address where Check is to be mailed: _____
 Member's Signature: _____ Date: _____

**Please Note: The maximum grant amount for an expedited disaster application is \$2,400.00, disbursed as determined by the Auxiliary Emergency Fund Grant Committee.*