



## Auxiliary Emergency Fund

### **Application Instructions for Temporary Assistance for ALA Members**

An Auxiliary Emergency Fund grant may 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. Grants may be awarded up to \$2,400 with the intent is to help members who have suffered a financial setback and offer a helping hand until financial stability is reestablished. Assistance will not be granted to pay medical expenses or credit card debt.

#### **BASIC CRITERIA FOR QUALIFICATION**

- The applicant must be an American Legion Auxiliary (ALA) member
- Applicant must have maintained ALA membership for three consecutive years (the current year and immediate past two years)
- One grant per grantee in a 12-month period will be awarded
- Applicant must have exhausted all other financial options and be able to provide past due bills

#### **REQUIRED APPLICATION INFORMATION**

The application must be filled out completely and accurately to prevent delay in processing. Please explain **in detail** your current situation/emergency. Include all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered. If the application is not complete, it may be returned for amendment and or further explanation.

#### **CHECKLIST BEFORE SENDING IN THE APPLICATION**

- Confirm you have held membership for three consecutive years (the current year and immediate past two years)
- Complete **ALL** sections of the application
- Provide copies of past due mortgage/rent and/or utility bills

#### **SUBMIT APPLICATION**

Once application is complete, please e-mail to [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org); fax to National Headquarters at (317) 569-4502; or mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

#### **QUESTIONS**

If you have any questions, please email [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org) or call (317) 569-4500.



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Member's Full Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Member's Unit # & Location: \_\_\_\_\_ Member's Dept: \_\_\_\_\_

Member's Address: \_\_\_\_\_  
address city state zip

Member's Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Years of consecutive ALA membership: \_\_\_\_\_ Number of family members in the home: \_\_\_\_\_

What is your current employment status?

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

Place of Employment: \_\_\_\_\_ If unemployed, last date of employment: \_\_\_\_\_

If unemployed, please explain and outline steps taken to secure employment: \_\_\_\_\_

What is your spouse's current employment status?

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

Place of Employment: \_\_\_\_\_ If unemployed, last date of employment: \_\_\_\_\_ If spouse is deceased, date of death: \_\_\_\_\_

**Applicant Narrative:** Please explain **in detail** your current situation/emergency. Include any additional information not outlined elsewhere on the application. **Attach copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered.**

## 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 monthly income:** \_\_\_\_\_

## Current Monthly Expenses

Do you own or rent your home?  Own  Rent  
Mortgage/rent: \_\_\_\_\_  
Electricity: \_\_\_\_\_  
Fuel for Heating:  Gas  Propane  Oil \_\_\_\_\_  
Water/Sewage: \_\_\_\_\_  
Food: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Child Care: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Toiletries: \_\_\_\_\_  
Insurance:  
Homeowners/Renters: \_\_\_\_\_  
Life: \_\_\_\_\_  
Auto: \_\_\_\_\_  
Health: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other Expenses: *(Please Specify Source)*  
\_\_\_\_\_  
\_\_\_\_\_  
**Total monthly expenses:** \_\_\_\_\_

## Creditor Information

Attach copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered.

**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

## NOTICE

If you are a recipient of an Auxiliary Emergency Fund grant and would like to be contacted by staff from the American Legion Auxiliary National Headquarters to publicly share your story of how the Auxiliary Emergency Fund assisted you, please sign below. Your testimonial could be used in ALA print, marketing and online publication. Personal AEF stories help promote the Auxiliary Emergency Fund fundraising efforts, through which grants are made possible.

(Optional) Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Declining to provide your signation will not adversely affect the evaluation of your AEF application.*