

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 if 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. 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.

