

Auxiliary Emergency Fund Application Instructions for Members Affected by Disaster

An Auxiliary Emergency Fund grant may provide immediate emergency assistance to American Legion Auxiliary members in areas devastated by a natural disaster, such as fire, flood, hurricane, tornado, earthquake, or other severe weather. The applicant must have received damage to the primary residence and/or been displaced or evacuated from the residence and had out-of-pocket expenses for food, clothing, and shelter. Grants may be awarded up to \$2,400.

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)
- Application must be received within 6 months of disaster.
- One grant per grantee in a 12-month period will be awarded

REQUIRED APPLICATION INFORMATION

The application must be filled out completely and accurately to prevent delay in processing. Please explain **in detail** the damage incurred to the primary residence including roofing, structure, windows, flooring, appliances, furniture, and all contents in the home. Include all supporting documents such as photographs, copies of receipts, work estimates, and government agency documents. 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 receipts for emergency expenses incurred including lodging, food/water, fuel, and other

SUBMIT APPLICATION

Once application is complete, please e-mail to 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 or call (317) 569-4500.



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

E-mail application to <u>AEF@ALAforVeterans.org</u>; Fax to National Headquarters at (317) 569-4502; or Mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

MEMBER INFORMATION				
Member's Full Name:	Member ID #:	Year	s of consecutive ALA membership:	
Member's Unit # & Location:		Member's Dept:		
Member's Address at time of Disaster:	address	city	state zip	
		•	· 	
Type of Disaster: Fire Flood Hurricane Other (<i>Please Explain</i>)			ther (i.e. lightning, heavy snow) e of Occurrence:	
Do you own or rent primary residence? \square Own	□ Rent	Is this your p	rimary residence? □Yes □No	
Are you still residing in the residence? □Yes □	□No If no, please explain co	ırrent living arr	angements (Hotel/Family):	
Was employment of member lost or temporarily s	suspended due to disaster?	Yes □No	If yes, for how long:	
Was employment of spouse lost or temporarily su	spended due to disaster? \Box Y	es □No	f yes, for how long:	
Reimbursement Expected: FEMA: \$ Homeowners/Renters	Insurance: \$	State/Local E	visaster Assistance: \$	
PAYMENT INFORMATION If awarded, payment can be transmitted by electrofunds transfer, you must provide the bank name, recomplete mailing address for delivery of a check Member's Name as listed on Account: Member's Address as listed on Account:	routing /ABA number, type of by the U.S. Postal Service.	Eaccount and your factoring factoring and a second factoring facto	our account number. You must provide a ase include a voided check for accuracy.	
Member's Signature:			Date:	
FOR EFT PAYMENT:				
Name of Member's Bank:			Type of Account: □ Checking □ Savings	
Bank Routing#/ABA #	Member's Bank Account #			
FOR CHECK PAYMENT: Address where Check is to	o be			
mailed:				

state

address

appliances, furniture, and	all contents in the home.		incurred including roofing, structure, we ded to fully explain extent of damage. cement, etc.	
Emergency Expenses: P	lease provide all emergen	cy expenses incurred. Receipt	s must be provided.	
Lodging: \$	Food/Water: \$	Fuel: \$	Other (plywood, generator, dry ice,	etc.): \$
NOTICE				
National Headquarters to	publicly share your story nt, marketing and online	of how the Auxiliary Emerge publication. Personal AEF sto	contacted by staff from the American lancy Fund assisted you, please sign belowies help promote the Auxiliary Emerge	w. Your testimonial
(Optional) Member Signa	ature:	a maluation of AFF P	Date:	
Decuning to provide your signa	uion wiii not aaversely affect the	e evaluation of your AEF application		