

<b>APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE</b>					
1. Soldier's Name ( <i>Last, first, MI</i> )			2. Unit		3. ETS/RET Date
					4. SSN or AER Client ID #
5. Branch		6. Rank		7. Home or Permanent Mailing Address of Soldier, Retiree, Dependent or Surviving Family Member; Phone and Email Address	
Regular Army      Retired      Dependent					
USAR                  ARNG         Survivor					
8. Applicant's name and relationship ( <i>If other than Soldier or Retiree</i> )					9. Special Power of Attorney
					Yes            No
10. Reason ( <i>Provide a brief summary of the circumstances causing your emergency financial need. If more space is needed, continue on separate sheet:</i> )					
					Total \$
12. Applicant's Certification					
I hereby authorize the Department of the Army to supply any requested information contained in my official Army personnel and pay files in connection with this assistance. I further authorize the Department of the Army, or any agency, to supply my latest home address, and/or official military address to AER whenever requested.					
I further understand that AER is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by AER to the Army in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.					
12a. Signature of Applicant					12b. Date
13. Unit Commander or First Sergeant Review of Active Duty Applicant ( <i>Required for all Soldiers not eligible for Direct Access</i> )					
13a. I have reviewed Soldier's request for AER assistance and recommend:                                  Approval                                  Disapproval					
<i>Indicate reason for approval or disapproval recommendation:</i>					
13b. Soldier                          Is                          or                          Is not Pending Elimination From The Army.					
13c. Name/Rank of Company Commander or First Sergeant, Signature, Phone #, and Email					13d. Date
14. Action by AER Officer					
14a. Request is:                          Approved.                          Loan Amount \$ _____                          Grant Amount \$ _____					
Disapproved. Soldier and Commander have been informed of the reasons for disapproval.					
Forwarded to the Level II and/or III Approving Official for action.					
14b. Name of AER Officer and Signature					14c. Date