



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 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

MEMBER INFORMATION

Member's Full Name: Member ID #: Years of consecutive ALA membership:

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

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

Member's Phone Number: () - Email:

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

Do you own or rent primary residence? Own Rent Is this your primary residence? Yes No

Are you still residing in the residence? Yes No If no, please explain current living arrangements (Hotel/Family):

Was employment of member lost or temporarily suspended due to disaster? Yes No If yes, for how long:

Was employment of spouse lost or temporarily suspended due to disaster? Yes No If yes, for how long:

Reimbursement Expected: FEMA: \$ State/Local Disaster Assistance: \$

Homeowners/Renters Insurance: \$ Other: \$

PAYMENT INFORMATION

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

Member's Name as listed on Account:

Member's Address as listed on Account:

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 be mailed: address city state zip

Describe Damage to Primary Residence: Please explain **in detail** the damage incurred including roofing, structure, windows, flooring, appliances, furniture, and all contents in the home. Attach additional sheets as needed to fully explain extent of damage. Include available photos, copies of repair estimates, statements from FEMA and/or local law enforcement, etc.

Emergency Expenses: Please provide all emergency expenses incurred. *Receipts must be provided.*

Lodging: \$ _____ Food/Water: \$ _____ Fuel: \$ _____ Other (*plywood, generator, dry ice, etc.*): \$ _____

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.



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

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QUESTIONS

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Auxiliary Emergency Fund
Application for Temporary Assistance for ALA Members

E-mail application 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

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: <i>(Please Specify Source)</i>	_____	_____
	_____	_____
	_____	_____
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

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