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| <b>APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE</b><br>For use of this form, see AR 930-4; the proponent agency is OACSIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                    |                                                                                                         | 1. SECTION NUMBER  | 2. DATE  |
| 3. SOLDIER'S NAME <i>(Last, first, MI)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                    |                                                                                                         | 4. SSN             | 5. GRADE |
| 6. STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | 7. ACTIVE SOLDIER'S UNIT/ADDRESS OF RETIREE, SURVIVOR, OTHERS                      |                                                                                                         |                    |          |
| a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DECEASED |                                                                                    |                                                                                                         |                    |          |
| b. ETS DATE <i>(If active)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
| 8. PHONE NUMBER <i>(Include area code)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | 9. HOME OF RECORD <i>(Street, city, state, zip code)</i>                           |                                                                                                         |                    |          |
| 10a. APPLICANT'S NAME IF OTHER THAN SOLDIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10b. RELATIONSHIP                                                                                  | 10c. POWER OF ATTORNEY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 11. BANKRUPTCY FILED OR PENDING<br><input type="checkbox"/> YES <input type="checkbox"/> NO    CHAPTER: |                    |          |
| 12. DEPENDENTS FOR WHOM YOU FURNISH MORE THAN ONE-HALF SUPPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
| a. NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    | b. AGE                                                                             |                                                                                                         | c. RELATIONSHIP    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
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| 13. REASON WHY ASSISTANCE IS NEEDED <i>(Be complete and specific. If more space is needed, continue on separate sheet.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
| 14. LIST YOUR SPECIFIC EMERGENCY FINANCIAL NEEDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                    |                                                                                                         |                    | \$       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                    |                                                                                                         |                    | TOTAL \$ |
| 15. INDEBTEDNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
| a. TO WHOM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | b. DATE INCURRED                                                                   | c. ORIGINAL AMOUNT                                                                                      | d. MONTHLY PAYMENT |          |
| AER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
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| 16. APPLICANT'S CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
| <p>I hereby authorized the Department of the Army to supply AER with 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.</p> <p>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.</p> <p>I certify the information provided on this application is complete, true and correct.</p> |                                                                                                    |                                                                                    |                                                                                                         |                    |          |
| a. SIGNATURE OF APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                    |                                                                                                         | b. DATE            |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                    |                                                                                                         |                    |          |

**17. UNIT COMMANDER'S REVIEW OF ACTIVE DUTY APPLICANT**

- a. I HAVE REVIEWED THIS REQUEST FOR AER ASSISTANCE AND RECOMMEND  APPROVAL  DISAPPROVAL  
*(If disapproval recommended, indicate why in remarks.)*
- b. SOLDIER  IS  IS NOT PENDING ELIMINATION FROM THE ARMY.

c. TYPE OR PRINTED NAME AND SIGNATURE OF UNIT COMMANDER

d. DATE

18. REMARKS *(Commander and AER Officer record all pertinent information pertaining to application. If applicant's budget information is needed, use an ACS budget planning sheet.)*

**19. ACTION BY APPROVAL AUTHORITY**

- a.  APPROVED
- DISAPPROVED. SOLDIER AND COMMANDER HAVE BEEN APPRISED OF REASONS WHY THIS REQUEST WAS DISAPPROVED.

b. LOAN AMOUNT \$

c. GRANT AMOUNT \$

d. NAME OF APPROVAL AUTHORITY

e. GRADE

f. POSITION

**20. ACKNOWLEDGEMENT OF ASSISTANCE**

- a. I acknowledge receipt of a  NO INTEREST LOAN  GRANT from AER in the amount of  
\$ \_\_\_\_\_ by check number \_\_\_\_\_ .

*(Items b and c below pertain to loans only.)*

- b. I understand that my failure to repay will result in my name being placed on a list that will preclude further AER assistance being provided to me.
- c. I will keep AER advised on any change in my duty assignment, address, or military status.

d. SIGNATURE OF APPLICANT

e. DATE