

ARMY EMERGENCY RELIEF APPLICATION PACKET

Need Financial Assistance?

What type of assistance is available? AER can provide the assistance for:

- * Rent/Mortgage
- * Vehicle Repair
- * Emergency Travel
- * Utilities/ Deposit
- * Food
- * Travel fund for relocation (PCS)
- * Dependent Dental

- * Medical Expenses
- * Repair/Replacement of HVAC
- * Replacement of Vehicle
- * Lost of Funds
- * Non-receipt of Pay
- * Cranial Helmets
- * Car Seats

AER does not provide funds:

- * For nonessentials
- * To finance ordinary leave or vacation
- * To pay fines or legal expenses
- * To liquidate or consolidate debt
- * To cover bad checks or pay credit card bills

No Appointment Is Needed For Red Cross Emergencies

After hours, contact the Red Cross at 877-2872-7337 for EMERGENCY TRAVEL

Army Community Service

BLDG 7790 Mississippi St. 22

Hainerberg Housing

Wiesbaden Germany

0611-143-548-9201/9202

Monday—Friday 0800-1700



AER REQUIRED DOCUMENTATION

Completed AER Form 700

ACS Client Information Sheet

AER Budget Sheet (AER FORM (57-R)

Military ID and LES

Title 10 Orders (Reserve or National Guard on Active Duty)

Special Power of Attorney or AER Form 53 (for spouse applicants)

Examples of Substantiating Documentation:

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Income Verification	Essential POV
Current LES: EOM and mid-month (if-month is available	Current Registration, Proof of Insurance Card, and Valid
Current Retiree Account Statement from DFAS	Driver's License needed for ALL Assistance.
Current VA disability pay verification (bank deposit)	TYPE OF ASSISTANCE NEEDED:
Spouse's current earnings statement	POV Estimate of the repair
Emergency Travel DA 31 Emergency leave Form with Control Number (if Ordinary Leave is marked, the following statement. Must be Included. That approval for ordinary leave is in accordance with the	Insurance Payment: Copy of most recent BillMonthly Payment: Copy of Most recent late notice or StatementReplacement Vehicle: Copy of Kelly Blue Book or NADA Quotes of vehicle worth.
Parameters of Para 6-1 (f), AR 600-8 –10) Travel estimate	Housing Assistance
Lodging estimate, if need	TYPE OF ASSISTANCE NEEDED:
Medical/Dental Expenses	Initial Rent/Deposit: Rental Agreement with details of the amount of Security Deposit.
Assistance may be provided for emergency care when medical or dental insurance will not cover all valid expenses and ONLY when other payment arrangements with medical provided cannot be made, Copy of estimate for the emergency portion of the	Existing Rent: Rent Contract showing tenants/ Monthly rentMortgage Monthly Payment: Copy of most recent late notice or most recent payment history statement
procedure	<u>Utility Bills</u>
Written and signed statement from doctors office stating unavailability of payment plan.	Copy of the most recent bill or cut-off notice must be provided showing the amount owed and the along with the name of the resident (s).
<u>Furniture</u>	TYPE OF ASSISTANCE NEED:
Basic furniture needs only:	ElectricGas (natural or propane
Written list of required items, price quotes	PhoneCable
 ' ' '	Mater
	Water Internet