

**Instructions and Checklist to Accompany AER Form 700-1  
(Application for Army Emergency Relief – AW2 Retired Member)**

**A. Instructions**

1. Please print clearly and complete all information. Missing information will delay your request.
2. Blocks 1 through 13 are self-explanatory.
3. Blocks 4 and 5 are only completed if the applicant is someone other than the Soldier.
4. Block 14. Provide specific details of circumstances that led to your situation and request for assistance.
5. Block 15. List each specific item and the amount requested. Amounts should match the document provided in support of the expense. Do not total up amounts (i.e. utilities, \$500), list each one separately.
6. Block 16. List authorized dependents. Indicate whether or not they reside in the home with you.
7. Block 17. Read the certification, sign and date the form. Form must be physically signed, we do not accept electronic signatures at this time.
8. Block 18. Provide bank information. Print clearly. Errors in routing or account numbers will delay funds transfer.

**B. Required Documents to Accompany Application (check the box next to each document included with the application to ensure your packet is complete.)**

1. ☐ **AER Form 700-1 pages 1 through 3**, all blocks complete (to include this checklist).
2. ☐ **AER Budget Sheet (Form 57R)**. Complete blocks 1 through 8 and ensure all expenses, income, and debt are entered. Income for spouse must be included. Use monthly averages for utilities, not current amounts due on bills. When complete, block 8 should accurately reflect your monthly surplus or deficit. Form must be signed.
3. ☐ **DD Form 214, member copy 4**.
4. ☐ **Document supporting each expense**. Include a document for each expense listed in block 15. Documents must be dated within 14 days of receipt of application and include the name of the applicant or spouse as the debtor.
  - a. ☐ Lease or mortgage statement
  - b. ☐ Utility Bills (electric, cable, water, trash, phone, gas)
  - c. ☐ Car payment invoice
  - d. ☐ Insurance premium invoice
  - e. ☐ Estimate for POV repairs
  - f. ☐ Copy of medical/dental bills
  - g. ☐ Document from apartment leasing office detailing move-in costs, for initial rent and deposit
  - h. ☐ Estimate for repair of HVAC system
  - i. ☐ Other document as necessary to support request
5. ☐ **Vehicle registration, insurance card, and driver's license for each vehicle** if assistance is for a vehicle (repairs, car payment, insurance). AER must ensure vehicles are legally on the road before providing assistance.
6. ☐ **Power of Attorney** (if applicant is other than Soldier).
7. ☐ If under bankruptcy, **approval letter from trustee** authorizing you to accept a loan and incur debt is required. The letter must include the trustee's contact information, loan amount and loan repayment terms.
8. ☐ **DA Form 31**, if on transition leave.
9. ☐ **DFAS Electronic Retiree Account Statement (ERAS)**
10. ☐ **VA Disability Compensation Award Letter**
11. ☐ **Employment Income Statement** (if applicable).
12. ☐ **Spouse's Employment Income Statement** (if applicable).

For secure delivery, submit this form with its supporting documentation to HQ AER by U.S. mail or other document delivery service to HQ AER, 200 Stovall Street, ATTN: Assistance Section, Suite 5S33, Alexandria, VA 22332. HQ AER cannot ensure the security nor will it accept liability for times containing Personally Identifiable Information (PII) emailed to HQ AER to include emails addressed to [assistance@aerhq.org](mailto:assistance@aerhq.org) or faxed to 703-325-7183.

Printed Name of Applicant	Signature	Date

# APPLICATION FOR ARMY EMERGENCY RELIEF— AW2 RETIRED MEMBER

For use of this form, see AR 930-4, AERO Section Reference Manual, or [www.AERHQ.ORG](http://www.AERHQ.ORG)

1. Soldier's Name (Last, First, MI)				2. Rank:		3. AER Client ID#:	
4. Applicant's name and relationship (if other than Soldier)						5. Power of Attorney (include copy): Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Date of Retirement:        /        / M M    D D    Y Y Y Y				8. Current Address (house #, street, city, state, zip code)			
7. Component:    RA <input type="checkbox"/> AR <input type="checkbox"/> NG <input type="checkbox"/>							
9. Phone				10. Email Address:			
11a. Advocate's name:			11b. Advocate's Phone:		11c. Advocate's email:		
12. Are you <b>currently</b> in bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, under what chapter did you file?							
13. Do you intend to file for bankruptcy within the next 6 months? No <input type="checkbox"/> Yes <input type="checkbox"/>							
14. Reason for request: (List circumstances that led to the situation, if more space is needed, continue on a separate sheet).							
15. List specific financial needs (ensure there is a supporting document for each expense listed):							
Expense		Amount		Expense		Amount	
Total Amount Requested:						\$	
16. Dependents for whom you furnish more than one-half support (must be an ID Card holder): Indicate whether or not they reside in home with you.							
Name	Age	Relationship	Living in HH?	Name	Age	Relationship	Living in HH?
			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
17a. 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 U.S. Government 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 and/or other U.S. Government agencies in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.							
17b. Signature				17c. Date			

Application for Army Emergency Relief — AW2 Retired Member (continued)

18. Bank Information (required for funds to be electronically transferred to your account)

a. Name of Financial Institution:

b. Name (exactly as it appears on account):

c. Routing Number:

d. Account Number:

**WHERE TO GET YOUR CHECKING ACCOUNT ROUTING and ACCOUNT NUMBERS**

NAME ADDRESS CITY, STATE, ZIP		0123
DATE _____		
PAY TO THE ORDER OF		\$ <input type="text"/>
		DOLLARS
BANK NAME ADDRESS CITY, STATE, ZIP		
FOR _____		
<b>:012345678</b>	<b>01234567890123</b>	<b>0123</b>
BANK ROUTING NUMBER	BANK ACCOUNT NUMBER	CHECK NUMBER

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19. Notes:

20. Request is      Approved. Total amount \$ \_\_\_\_\_ Loan amount \$ \_\_\_\_\_ Grant amount \$ \_\_\_\_\_

Disapproved.

21. Reason for disapproval:

22a. Name of approval authority:

22b. Signature:

22c. Date:



# Army Emergency Relief (AER) Budget Sheet

Name: \_\_\_\_\_ AER Client ID: \_\_\_\_\_

Complete blocks 1 through 8 ensuring block 8 reflects a balance.

1	MONTHLY EXPENDITURES	AMOUNT	2	MONTHLY INCOME (GROSS)	AMOUNT
a	Food		a	Military/Retired Pay	
b	Rent or Mortgage		b	Civilian Salary/Earnings	
c	Utilities - Electric		c	Social Security Ret (SM)	
d	Utilities - Heat - Oil/Gas		d	Social Security Disability (SM)	
e	Phone		e	VA Disability	
f	Phone/TV/Cable		f	CRSC	
g	Water/Sewer/Garbage		g	Spouse's Salary/Earnings	
h	Clothing		h	Social Security Ret (Spouse)	
i	Incidentals/Supplies		i	Social Security Disability (Spouse)	
j	Dental/Medical		j	Caretaker Stipend	
k	Transportation		k	Dependency and Indemnity Comp (DIC)	
l	Recreation & Church		l	Survivor Benefit Plan (SBP)	
m	Insurance - Life		m	FGSLI (payments received)	
n	Insurance - Health		n	VA Widow Tax Pension	
o	Insurance - Car		o	Help from other Family Members	
p	Insurance - Home/Renter's		p	Investment Income	
q	Child Care		q	Food Stamps/WIC	
r	Child Support		r	Social Security (children)	
s	Garnishment		s	GI Bill (Spouse/SM/Children)	
t	Total Indebtedness from block 3f	\$0.00	t	Income: Other	
1t	TOTAL MONTHLY EXPENDITURES (block 6)	\$0.00	2t	TOTAL MONTHLY INCOME (block 5)	\$0.00

3	INDEBTEDNESS (Transfer amount monthly payments from block 3f to block 1t)							
	CREDITOR	DATE INCURRED	ORIGINAL AMOUNT	PURPOSE	MONTHLY AMOUNT	DATE LAST PYMT	BALANCE DUE	DATE VERIFIED
a								
b								
c								
d								
e								
3f	TOTAL MONTHLY PAYMENTS				\$0.00	TOTAL DUE	\$0.00	

4	DEDUCTIONS FROM SM'S PAY (INCLUDED IN GROSS PAY)							
	ITEM	AMOUNT		ITEM	AMOUNT			
a	Fed Income Tax		g	TSP				
b	Social Security (FICA)		h	Other				
c	Medicare		i	Other Allotment 1				
d	State Income Tax		j	Other Allotment 2				
e	Insurance (SGLI/TSGLI/FSGLI)		k	Other Allotment 3				
f	Dental Plan		l	Other Allotment 4				
4m	TOTAL DEDUCTIONS					\$0.00		

5	TOTAL MONTHLY INCOME (amount from Box 2t)	\$0.00
6	TOTAL MONTHLY EXPENDITURES (amount from Box 1t)	\$0.00
7	TOTAL DEDUCTIONS (amount from Box 4m)	\$0.00
8	BALANCE: + OR (-)	\$0.00

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