



A Community of Volunteers Serving Veterans, Military, and their Families

Auxiliary Emergency Fund (AEF) Application Instructions for Hardship Assistance for Eligible American Legion Auxiliary (ALA) Members.

An AEF 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 past due shelter expense (mortgage/rent), essential household utilities and/or for a recent loss of employment income. Grants may be awarded up to \$3,000 with the intent to help with a financial setback and offer a helping hand to assist in reestablishing financial stability. Funding will not be granted to pay for any expenses other than past due shelter (mortgage/rent), essential household utilities and/or a recent loss of employment income.

Basic Criteria for Qualification:

- Applicant must have maintained current & continuous ALA membership for at least 36 consecutive months since their initial join or rejoin date at the time of applying as well as when a decision is rendered.
- ALA junior members are not eligible to apply.
- One AEF grant (hardship or disaster) per grantee will be awarded in a 12-month period.

Required Application Information:

The application must be accurately and completely filled out with all necessary documentation to prevent delays in processing. Please explain in **brief detail** your current situation/emergency. Include all current mortgage or essential household utility statements, landlord letter, eviction/disconnection notices, & documentation on a recent loss of income from an employer or medical professional. If the application is not complete, signed & dated, it may be returned for amendment, further explanation and/or more documentation.

Review This Checklist Before Submitting the Application:

- Review the AEF frequently asked questions before starting the application. (<https://www.legion-aux.org/AEF-FAQ>)
- Confirm you have met the ALA member eligibility criteria above to apply for AEF assistance (current member for 36 consecutive months at time of applying and when the decision is rendered).
- Complete ALL sections of the application, sign & date. All information must fit on this application.
- Provide all pages of current mortgage and/or essential household utility statements (electric, gas and/or water/sewer and/or trash service), signed & dated landlord past due rent letter & , statement and lease agreement, documentation on a recent loss of employment income from your employer or a medical professional and copy of driver's license. Application and documents must be received in PDF format and attached individually by email to: aef@legion-aux.org. **Documents will not be accepted that are sent via CamScanner, Google Drive, Microsoft Shared Drive, Dropbox, photo(s) or by screenshots.**

Ways to Submit Application & Required Supportive Documentation:

The application and required supportive documentation gathered may be submitted by:

- A. Email: AEF@ALAforVeterans.org (Preferred Method).
- B. Fax to ALA National Headquarters: (317) 569-4502
- C. Mail to: ALA National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

NOTE: Correspondence on your AEF application will be via email, please frequently monitor your email, spam and junk email folders for requests, updates and/or additional information from the AEF program on your application submitted through the decision process.

Questions:

If you have questions, please email: AEF@ALAforVeterans.org or call (317) 569-4500 and request to speak with the AEF program.

Application for Hardship Assistance for ALA Members

Email application and required documentation to: AEF@ALAforVeterans.org; fax to ALA National Headquarters at: (317) 569-4502; or mail to: ALA National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

Member Information:

Member's Full Name: _____

Address: _____

Do you own or rent your residence?

Own Rent

Number of family members in the residence: _____

Phone Number: _____

Email: _____

Member ID#: _____

Unit Number: _____

Unit Address: _____

Employment Information:

What is your current employment status:

FT PT Laid-Off Retired Unemployed Other

Place of employment: _____

If unemployed, last date of employment: _____

What is your spouse's current employment status:

FT PT Laid-Off Retired Unemployed Other N/A

Place of employment: _____

If unemployed, last date of employment: _____

Monthly Income:

Monthly net earnings of applicant: \$ _____

Monthly net earnings of spouse (if applicable): \$ _____

Net Earnings of others in the household: \$ _____

Veteran's Pension/Compensation: \$ _____

Child Support: \$ _____

Social Security: \$ _____

Supplemental Security Income (SSI): \$ _____

Social Security Disability (SSD): \$ _____

Unemployment Compensation: \$ _____

Other Income: \$ _____

Monthly Household Expenses

Mortgage/Rent: \$ _____

Electricity: \$ _____

Heating: \$ _____

Water/Sewage and/or Trash: \$ _____

Food: \$ _____

Other: \$ _____

Please Explain in Brief Detail Your Current Situation/Emergency:

(Information must fit in this text box & see page 1 for required documentation. Text box is limited to 1250 characters & no additional narrative pages will be accepted.)

List in Priority of Importance the Requested Past Due Expenses for Funding Consideration:
(Examples include: mortgage/rent expenses; essential household utility bills; and/or a recent loss of employment income. Supportive documentation must be provided with the submitted application).

Item(s):	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Required Supportive Documents:

Provide all pages of current mortgage and/or essential household utility statements (electric, gas and/or water/sewer and/or trash service), signed & dated landlord past due rent letter & lease agreement, documentation on a recent loss of employment income from your employer or a medical professional and copy of driver's license.

Payment Information:

If awarded, payment can be transmitted by electronic funds (EFT) directly to the member's bank account **OR** a check can be mailed. You must provide a complete mailing address below for delivery of a check. For EFT payment, you must provide the bank name, routing/ABA number, type of account and your account number.

Name listed on account: _____

Address listed on account: _____

Member's signature: _____

Date: _____

For EFT Payment: Note: A voided check must be included with the application for payment by EFT.

Name of Bank: _____

Type of Account: Checking Savings

Bank Routing #/ABA #: _____

Account Number: _____

For Check(s) Payment: Note: Paper check(s) must be issued for payment of mortgage/rent and/or utilities.

Address: _____

I hereby declare that all information provided is true, accurate, and complete to the best of my knowledge. Once officially submitted to the ALA National Headquarters for review and funding consideration, all fully completed applications with the required documentation will be presented to the AEF Review Committee for final review and funding consideration within a maximum of 60 days. After 30 days, if requested information is not provided by the applicant or with no response from the applicant, the application will be closed with no decision by the AEF Review Committee. Application must be signed & dated.

Member's Signature: _____ Date: _____