



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

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.



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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: *(Please Specify Source)*

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

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.