For Internal Use Only
Case # _____
Date Received _____
# of Continuous Yrs. _____

American Legion Auxiliary Emergency Fund

Expedited Application for Members Affected by Disaster

Application must be received at National Headquarters within 3 months from disaster date

You may fax completed application to National Headquarters at (317) 569-4502, mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268, or e-mail directly to AEF@ALAforVeterans.org. Questions may be directed to Marti Drake at (317) 569-4564. Note: *Applications lacking required information may be returned*.

Type of Disaster: ☐ Fire ☐ Flood ☐ Hurricane ☐ Tornado ☐ Earthquake ☐ Severe Weather (i.e. lightning, heavy snow)
☐ Other (*Please Explain*) _____ **Date of Occurrence**: _____

Member's Full Name: _____ Member ID #:_____

Member's Unit # & Location:_____ Member's Dept: _____

Member's Address at time of Disaster: _____
address city state zip

Member's Phone Number: ( ) _____ - _____ Family size / # of Dependents:_____

Do you own or rent primary residence? ☐ Rent ☐ Own Was primary residence damaged? ☐Yes ☐No

If damaged, was residence insured? ☐Yes ☐No If insured, please indicate amount you expect to receive from policy: $_____

Are you still residing in residence? ☐Yes ☐No If no, please explain current living arrangements:_____

_____

How long were you or do you anticipate being out of home? _____ days _____ weeks

Was employment of member lost due to disaster? ☐Yes ☐No Was employment of her spouse lost due to disaster? ☐Yes ☐No

Was employment of member temporarily suspended? ☐Yes ☐No Was it for spouse? ☐Yes ☐No

If yes, how long for each? Member: _____ days _____ weeks Spouse: _____ days _____ weeks

Damage Incurred: Please explain damage incurred, **attaching additional sheets as needed to fully explain extent of damage.** Include any available photos, copies of repair estimates, statements from FEMA and/or local law enforcement, etc. *These items cannot be returned*.

_____

_____

_____

_____

_____

Emergency Expenses Incurred Emergency Lodging: $_____ Food/Water: $_____ Other $_____

Please explain "Other" expenses, such as plywood, generator, dry ice, etc., and attach copies of applicable receipts.

PAYMENT INFORMATION

Payment can be transmitted by electronic funds directly to the member's bank account OR a check can be mailed. You must provide a complete mailing address for delivery of a check by the U.S. Postal Service. For electronic funds transfer, you must provide the bank name, routing /ABA number, type of account and your account number. If available, please include a voided check for accuracy.

Member's (Applicant's) Name as listed on Account:_____

Member's Address as listed on Account: _____

Name of Member's Bank:_____ Type of Account: ☐ Checking ☐ Savings

Bank Routing#/ABA #_____ Member's Bank Account #_____

Address where Check is to be mailed:_____

Member's Signature:_____ Date: _____

**Please Note: The maximum grant amount for an expedited disaster application is $2,400.00, disbursed as determined by the Auxiliary Emergency Fund Grant Committee.*