



<i>For Internal Use Only</i>	
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*

NOTE: You may fax this completed application to National Headquarters at (317) 569-4502 or mail it to American Legion Auxiliary National Headquarters, Attn: AEF, 8945 N. Meridian St, Indianapolis, IN 46260. Additionally, you may e-mail this completed application directly to AGinter@ALAforVeterans.org. Questions may be directed to Amanda Ginter at (317) 569-4564.

**Please Print Legibly**

Type of Disaster: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Member's Full Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Member's Unit # & Location: \_\_\_\_\_ Member's Dept: \_\_\_\_\_

Member's Address at time of Disaster: \_\_\_\_\_

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

Does member 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: \$ \_\_\_\_\_

Is member still residing in residence?  Yes  No If no, please explain current living arrangements:

How long does member anticipate being out of home? \_\_\_\_\_ days \_\_\_\_\_ weeks

**Damage Incurred:** Please explain the damage incurred, including any available photos, copies of repair estimates, statements from FEMA and/or local law enforcement, etc. Please be as specific as possible, attaching additional sheets as needed to fully explain extent of damage.

**Expenses Incurred** Emergency Housing: \$ \_\_\_\_\_ Clothing: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Please explain "Other" expenses:

**Employment**

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

### 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, and your account number. If available, please include a voided check for accuracy.

Member's (Grantee's) Name as listed on Account: \_\_\_\_\_

Member's Address as listed on Account: \_\_\_\_\_

Name of Member's Bank: \_\_\_\_\_

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 the Auxiliary Emergency Fund Grant Committee determines.*