



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

Auxiliary Emergency Fund (AEF) Application Instructions for Hardship Assistance for 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 shelter, basic household utilities and/or for loss of income. Grants may be awarded up to \$3,000 with the intent to help members who have suffered 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 shelter, basic household utilities and/or loss of income. One AEF grant per grantee will be awarded in a 12-month period.

Basic criteria for qualification

- The applicant must be a current ALA member
- Applicant must have maintained annual ALA membership for three consecutive years (the current year and immediate past two years)

Required application information

The application must be accurately and completely filled out with all necessary documentation to prevent delays in processing. Please explain in detail your current situation/emergency. Include all current basic household utility statements, bills, eviction notices, disconnection notices, documentation on loss of income and any other expenses you wish to be considered for funding. If the application is not complete, it may be returned for amendment, further explanation or more documentation.

Checklist before sending in the application

- Review the AEF frequently asked questions before starting the application. (<https://www.legion-aux.org/AEF-FAQ>)
- Confirm you have held annual membership for three consecutive years (the current year and immediate past two years)
- Complete ALL sections of the application.
- Provide all pages of past due mortgage/rent expenses, basic household utility bills and/or documentation on loss of income from employer or medical professional.

Submit application

Once an application is complete, please e-mail 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

Questions

If you have any questions, please email: AEF@ALAforVeterans.org or call (317) 569-4500.

Application for Hardship Assistance for ALA Members

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Member Information

Member's Full Name: _____

Address: _____

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 earnings of applicant: \$ _____

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

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: \$ _____

Food: \$ _____

Other: \$ _____

Please explain in detail your current situation/emergency: (Refer to page 1 of the application for documentation requirements)

List of past due expenses for funding consideration:
(Examples include mortgage/rent expenses; basic household utility bills; and/or loss of income – documentation must be provided.)

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Required Attachments

Please provide all pages of past due mortgage/rent statements, basic household utility bills, eviction notices, disconnection notices, and documentation for loss of income from employer and/or medical professional.

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. A voided check must be attached for payment by EFT.

Name listed on account: _____

Address listed on account: _____

Member’s signature: _____

Date: _____

For EFT Payment

Name of Bank: _____

Type of Account: Checking Savings

Bank Routing #/ABA #: _____

Account Number: _____

For Check Payment

Address: _____

Once officially submitted to the ALA National Headquarters for review and funding consideration, all fully completed grants, providing the requested information/documentation will be presented to the AEF Internal 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 no response from the applicant, the application will be closed with no decision by the AEF Internal Review Committee.

Member's Signature: _____ Date: _____