

**KANSAS
AMERICAN LEGION AUXILIARY EMERGENCY FUND
APPLICATION FOR ASSISTANCE (AEF)**

NAME: _____

MEMBERSHIP ID#: _____

DATE OF BIRTH: _____

ADDRESS: _____

Street

City _____ State _____ Zip Code _____

PHONE: _____

E-MAIL: _____

Marital Status: Married Single Widowed
 Separated

What is your current employment status:
 Full-Time Part-time Laid-Off
 Worker's Compensation Unemployed
(If Unemployed, please explain in the Narrative section of page 3)

Please list your last date of employment: _____

What specific steps have been taken to secure employment? _____

Are you a Veteran? Yes No

If yes, please list dates of service: _____

What is your spouse's current employment status?
 Full-time Part-time Laid-Off Retired
 Worker's Compensation Unemployed
(If Unemployed,, please explain in the Narrative section of page 3)

Please list your spouse's last date of employment: _____

Is your spouse a Veteran? Yes No

If yes, please list dates of service: _____

If spouse is deceased, please list date of death? _____

Are there any minor children living in your home?
 Yes No

If yes, please list by name, age and relationship to you?

Are there any other adults living in your home?
 Yes No

If yes, please list by name and relationship to you:

THIS SECTION TO BE COMPLETED BY DEPARTMENT SECRETARY:

I certify that the applicant has paid dues for the two immediately preceding years and dues have been received for the current year.

Department Secretary's Signature _____
Date

Rules/Instructions

The Auxiliary Emergency Fund was created to 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.
- Temporary assistance for food and shelter to eligible members related to weather-related emergencies and natural disasters.

Assistance will not be granted to pay accumulated debts. The intent is to help members who have suffered a financial setback and is meant to be a bridge offering a helping hand until financial stability is established.

Eligibility: Persons who have been members of the American Legion Auxiliary for at least the immediate past two consecutive years, AND whose current membership dues are paid at the time the emergency occurs (three consecutive years' dues) may apply for assistance.

Assistance Provided: Determined by the AEF Committee.

UNIT, PLEASE READ THE FOLLOWING:

Each AEF application is assessed entirely on the basis of the written record provided herein. Therefore, both the Unit and member should be specific and thorough when completing the application. Please type or print neatly to ensure legibility.

Remember to:

- Ensure the applicant has completed all applicable sections.
- Ensure all sections requiring Unit input are complete.
- Ensure all appropriate signatures have been obtained.
- Forward the completed application to your Department Secretary

This section to be completed at Department Headquarters

Date Received: _____

Membership Verification: _____

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: _____
Other (please specify source and amount): _____

Total for all current monthly income: _____

CURRENT MONTHLY EXPENSES

Do you own or rent your home? Own Rent
Amount of monthly payment/rent: _____
Electricity: _____
Fuel for Heating: _____
(Please select which type of fuel) Gas Propane Oil
Water/Sewage: _____
Food: _____
Telephone: _____
Clothing: _____
Child Care: _____
Medication: _____
Toiletries: _____
Insurance: _____

(Please select which type(s) of policies you are currently pay for and list amount on line above

- Homeowners Life
- Renters Auto
- Health Other

Other expenses (please specify): _____

Total for all current monthly expenses: _____

CREDITOR INFORMATION

Mortgage Company/Landlord _____
Name of Institution Account # (if applicable)

Address: _____
Street City State Zip Code

Utility Company or Other: _____
Name of Company Account #

Address: _____
Street City State Zip Code

IMPORTANT!!!

Please attach all copies of all current utility statements, bills, eviction notices, disconnection notices and all other expenses to be considered.

Please turn to page three and complete both sections.

Federal, State and Local Assistance

Source	Date Applied:	Status:	Amount: (If eligible)	If ineligible, please explain:
Post/Unit				
Assistance for Needy Families				
VA Disability/Pension				
Social Security/Disability				
Supplemental Security Income				
Medicare/Medicaid				
Food Stamps				
WIC				
FEMA				
Public Assistance				
Private Charities				
All Others (please list)				

Applicant Narrative

Please use the following space to provide a brief narrative regarding your current situation. You may want to include any additional information not provided on this application. Please remember to sign and date below as well.

Applicant Signature

Date

**** THIS SECTION TO BE COMPLETED BY DISASTER APPLICANTS ONLY ****

Date of Occurrence(s): _____

Type of Disaster/Emergency: Fire Flood Hurricane Severe Weather (i.e., lighting, heavy snow)
 Earthquake Other (please explain) _____

Is the affected dwelling your primary residence? YES NO

Are you still residing in the dwelling? YES NO (If no, please explain where you are currently residing?): _____

Please explain the damage incurred:

You may attach additional sheets if needed. You may also include any photographs, repair estimates, or statements from FEMA or local Law Enforcement, etc.)

Did you purchase emergency supplies? (i.e., generator, plywood, emergency housing) YES NO
(If yes, please list the cost of these supplies and provide applicable receipts.)

Is the affected property insured? YES NO (If YES, please indicate the amount you expect to receive from the policy) _____
(Please attach copies of any and all applicable documents regarding the property's insurance policy/policies)

Additional Comments:

NOTE: *In addition to this section, PLEASE complete all sections on pages 1-3.*

