ARMY EMERGENCY RELIEF—EXCEPTION TO POLICY (ETP) FOR ELIGIBILITY

For use of this form, see AR 930-4, AERO Section Reference Manual, or www.AERHQ.ORG

Instructions and checklist:

Army Emergency Relief (AER) will consider emergency financial assistance as an exception to policy for eligibility based on a unique, unforeseen emergency that has caused a financial hardship.

A. INSTRUCTIONS:

1. Print clearly or type the form and ensure all blocks are complete.
2. Applicant must physically sign or electronically CAC sign the form. We do not accept other forms of electronic or computer generated signatures.

B. REQUIRED DOCUMENTS:

- ☐ AER Form 770 (pages 1 thru 4), all blocks complete (to include this checklist)
- ☐ AER Budget Sheet (Form 57R or locally used budget sheet)
- ☐ AER Form 575 (EFT Form) if funds will be transferred electronically
- ☐ DD Form 214 (Certificate of Release or Discharge from Active Duty)
- ☐ Document(s) validating each expense requested
- ☐ Document(s) validating each source of income
- ☐ Document(s) validating the circumstances that caused the hardship/emergency need
- ☐ Vehicle registration, insurance card and driver's license if assistance includes expenses related to a vehicle (i.e. repairs, payment, insurance)
- ☐ Medical statement (if request is based on medical circumstances)
- ☐ Documents validating garnishments (if applicable)
- ☐ Special Power of Attorney (SPOA) (if applicable)

Additional documents may be required after review by AER based on circumstances and information provided.

C.S UBMITTING THE APPLICATION:

1. Do not submit documents via email as we cannot ensure the security nor accept liability for items containing Personally Identifiable Information (PII).

2. For AER Officers:

   a. Create/Review the CRM for the Soldier and/or Dependent as necessary.

   b. Upload the application and all supporting documents to the assistance case profile. Upload documents as one document or separately. Use naming convention: ETP Application-(client ID).

3. For Other Aid Societies: Send an email to assistance@aerhq.org to request a secure document upload link.

Contact the assistance section by email or phone at assistance@aerhq.org or 703-601-2770/2771/2772 for questions or assistance.

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SOLDIER INFORMATION:

1. Name *(Last, First, MI)*	2. DOB:	3. DOD ID# or SSN:

4. Rank:	5. Component:	6.Status:
	☐ RA ☐ AR ☐ NG	☐ *GREY AREA RETIRED* ☐ *TITLE 32/TPU* ☐ *VETERAN* ☐ *DAV* ☐ *TITLE 10 (LESS THAN 30 DAYS)*

7a. Unit and address (NG and AR Soldiers):	7b. UIC:

APPLICANT'S NAME, IF OTHER THAN SPONSOR (MILITARY IDENTIFICATION CARD HOLDING FAMILY MEMBER):

8. Name *(Last, First, MI)*	9. DOB:	10. DOD ID#:

11. Applicant Relationship to Sponsor:	12. Special Power of Attorney (SPOA)
☐ SPOUSE ☐ CHILD ☐ PARENT ☐ OTHER _____	☐ YES *(INCLUDE COPY)* ☐ NO

CURRENT ADDRESS:

13a. House # and Street:			
13b. City:	13c. State:	13d. Zip Code:	13e. Country (if other than US):
14. Phone	15. Email Address:		

16. Are there any other individuals residing in the home? ☐ YES (List Below) ☐ NO

Name	*Age*	*Relationship*	*ID Card holder*	*Name*	*Age*	*Relationship*	*ID Card Holder*
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No

17. Is the applicant?

☐ RENTING ☐ PAYING MORTGAGE ☐ OWNS HOME (NO MORTGAGE)

☐ ASSISTED LIVING ☐ LIVING WITH FAMILY ☐ OTHER: _____ _____

18. Is the applicant employed? ☐ YES ☐ NO ☐ FULL TIME ☐ PART TIME

19. Reason not employed if still working age?

20. Is the applicant enrolled in college? ☐ YES ☐ NO ☐ FULL TIME ☐ PART TIME

21. Deployment Information *(include copy 4 of DD Form 214):*

Location of Deployment:	From (MM/YYYY):	To (MM/YYYY)

22. Budget Information:	Total Monthly Income	Total Monthly Expenditures	Balance (+ or -) $0.00

NOTE: *A copy of a complete Budget Planning Sheet (AER Form 57 or locally produced Budget Planning Sheet)*

23. Are there relatives with whom the applicant can live with or who can assist with financial obligations?

24. List specific basic living expenses you need help with *(ensure there is a supporting document for each expense listed)*:

Expense	*Amount*	*Expense*	*Amount*
		Total Amount Requested:	$0.00

25. Describe the extreme and unusual circumstances that caused your financial need what would warrant consideration by the Director, AER as anexception to policy for eligibility?

26. What is your plan going forward to improve your financial situation and meet your basic living expenses?

27a. Applicant Certification: I hereby authorize the Department of the Army to supply any requested information contained in my official Army personnel and pay files in connection with this assistance. I further authorize the Department of the Army, or any U.S. Government agency, to supply my latest home address, and/or official military address to AER whenever requested. I further understand that AER is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by AER to the Army and/or other U.S. Government agencies in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.

27b. Signature

27c. Date

FIRST FIELD GRADE OFFICER IN UNIT CHAIN OF COMMAND (MANDATORY FOR NATIONAL GUARD & RESERVE SOLDIERS)

29a. Recommendation: ☐ APPROVAL ☐ DISAPPROVAL		
29b. Remarks:		
29c. Recommended amount:	29d. # of repayments if loan or combination loan/grant:	
29e. Printed Name	29f. Signature	29g. Date
29h. Email address		

AER OFFICER OR AID SOCIETY CASE WORKER RECOMMENDATION

30a. Recommendation: ☐ APPROVAL ☐ DISAPPROVAL		
30b. Remarks:		
30c. Recommended amount:	30d. # of repayments if loan or combination loan/grant:	
30e. Printed Name	30f. Signature	30g. Date
30h. Email address	30i. AER Section/Other Society Location	

GARRISON COMMANDER, CSM OR OTHER DESIGNATED LEVEL II APPROVING OFFICIAL RECOMMENDATION

NOTE: NOT APPLICABLE FOR ETP APPLICATIONS PROCESSED THROUGH THE OTHER MILITARY AID SOCIETIES AND THE AMERICAN RED CROSS.

31a. Recommendation: ☐ APPROVAL ☐ DISAPPROVAL		
31b. Remarks:		
31c. Printed Name	31d. Signature	31e. Date
31f. Email address		