

## **Instructions for preparing AER Form 600v1**

### **COMMANDER'S REFERRAL PROGRAM,**

#### **Application for Army Emergency Relief (AER) Financial Assistance**

This form contains items that can be filled out online and then printed, or it can be printed as a blank document and filled out by hand.

1. This item is the AER Section number – enter if known
- 2-5. Self-Explanatory
6. This item may have multiple lines
- 6a. This item may have multiple lines
7. For each question, only Yes or No may to be checked. The Bankruptcy Chapter line may contain no more than 2 digits.
8. This item may have multiple lines
- 8a. Self-Explanatory
- 8b. The Financial Needs Amount Column will only allow numbers and will automatically add the total.
- 9a. This field may not be filled in
- 9b. Self-Explanatory
- 10a. Only one box may be checked
- 10b. Only one box may be checked
- 10c-f. Self-Explanatory
11. These items are completed by the AERO
- 11b. If this box is checked, please indicate a reason and check the correct routing box.
- 11c. Self-Explanatory
- 11d. Self-Explanatory

<b>COMMANDER'S REFERRAL PROGRAM</b> <b>Application For Army Emergency Relief (AER)</b> <b>Financial Assistance</b>		1. Section Number	2. Rank
		3. SSN or AER Client ID #	
		5. ETS Date	
4. Soldier's Name (Last, First, MI)			
6. Unit	7. Soldier's Home or Permanent Mailing Address, Phone # and Email		
8. Are you currently in bankruptcy or do you plan to file bankruptcy within the next six months?      Yes      No		8a. If you answered Yes to Question 8, what Chapter? _____	
9. Reason Why Assistance is Needed (Be complete and specific. If more space is needed, continue on separate sheet)			
9a. Dependents for Whom You Furnish More Than One-Half Support (ID Card Holder):			
Name		Age	Relationship
9b. List Your Specific Emergency Financial Needs: _____ \$ _____			
_____ \$ _____			
_____ \$ _____			
			Total \$ _____
<b>10. Applicant's Certification</b>			
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 authorize the Department of the Army, or any 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 in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.			
10a. Signature of Applicant			10b. Date
<b>10. Unit Commander or First Sergeant</b>			
11a. Soldier is or is not Pending Elimination from the Army.			
11b. Request is:      Approved. (Approval is contingent upon AERO review that the requested assistance is IAW AER policies and general guidelines) I have assessed the Soldier's financial well-being and he/she can afford to repay the CRP loan _____ Disapproved. Soldier has been informed of reason(s) why this request was disapproved. Initial			
11c. Requested Amount \$ _____ (Maximum \$2,000)		11d. Approved Amount \$ _____	
11e. Name/Rank of CDR/1SG, Signature, Phone #, and Email		Signature	11f. Date
<b>12. AER Officer Review of the Application</b>			
12a. I have performed the required administrative review and Soldier is eligible for AER Assistance under Commander's Referral.			
12b. I have performed the required administrative review and Soldier is not eligible for AER Assistance under Commander's Referral Program due to _____. Soldier's application is being returned to Unit Commander Soldier's request is being processed as a routine AER case per Unit Commander			
12c. Name of AERO		Signature	12d. Date



# Army Emergency Relief (AER) Budget Sheet

For use of this form see the AER Section Reference Manual

<b>Name:</b>	<b>SSN or AER Client ID:</b>
--------------	------------------------------

Complete blocks 1 through 8 ensuring block 8 reflects a balance.

1		BASE MONTHLY ENTITLEMENTS	AMOUNT	2		FIXED MONTHLY EXPENDITURES	AMOUNT
a		Military/Retired Pay		a		Food	
b		BAS		b		Rent/Mortgage	
c		BAH		c		Utilities (Electricity/Water/Sewer/Gas)	
d		Special Duty Pay		d		Phone/Internet/Cable	
e		Spouse Income		e		Cell Phone	
f		Survivor Income		f		Other	
g		Other		g		Other	
h		Other		h		Other	
i		Other		i		Other	
j		Other		j		Other	
k		Other		k		Other	
l		Other		l		Total Indebtedness from block 3f	
1l		TOTAL MONTHLY ENTITLEMENTS (block 5)		2l		TOTAL MONTHLY EXPENDITURES (block 6)	

3 INDEBTEDNESS (Transfer amount of monthly payments from block 3f to block 2l)								
	CREDITOR	DATE INCURRED	ORIGINAL AMOUNT	PURPOSE	MONTHLY AMOUNT	DATE LAST PYMT	BALANCE DUE	DATE VERIFIED
a								
b								
c								
d								
e								
3f	TOTAL MONTHLY PAYMENTS					TOTAL DUE		

4 DEDUCTIONS (INCLUDED IN GROSS ENTITLEMENTS)					
	ITEM	AMOUNT		ITEM	AMOUNT
a	Federal Income Tax		g	TSP	
b	Social Security (FICA)		h	Other	
c	Medicare		i	Other Allotment 1	
d	State Income Tax		j	Other Allotment 2	
e	Insurance (SGLI/TSGLI/FSGLI)		k	Other Allotment 3	
f	Dental Plan		l	Other Allotment 4	
4m	TOTAL DEDUCTIONS				
5	TOTAL MONTHLY ENTITLEMENTS (amount from Box 1l)				
6	TOTAL MONTHLY EXPENDITURES (amount from Box 2l)				
7	TOTAL DEDUCTIONS (amount from Box 4m)				
8	BALANCE: + OR (-)				

**NOTE:** A Soldier's monthly surplus does not automatically dictate rendering a decision to provide a loan. Full or Partial grants should be considered in every case.