

Auxiliary Emergency Fund

Application Instructions for Members Affected by Disaster

ALA FL Auxiliary Emergency Fund Disaster Relief may provide immediate emergency assistance to American Legion Auxiliary members in areas devastated by a natural disaster, such as fire, flood, hurricane, tornado, earthquake, or other severe weather. The applicant must have received damage to the **PRIMARY** residence and/or been displaced or evacuated from the **PRIMARY** residence and had out-of-pocket expenses for food, clothing, and shelter. Funds may be awarded up to \$1,200.00. Applications are evaluated on a "Case by Case" basis.

BASIC CRITERIA FOR QUALIFICATION

- The applicant must be an American Legion Auxiliary (ALA) member.
- Applicant must have maintained ALA membership for three consecutive years (the current year and immediate past two years)
- Application must be received within 3 months of disaster.
- Photos **must** be provided for documentation, as we do not go to members residence.
- Funds may be granted for the damage to the interior/exterior structure damage and HVAC unit to the **vital** living portions of the **PRIMARY** structure, as long as, maintenance and repairs are maintained prior to the disaster.
- Funds may be granted for damaged personal items, household contents, major appliances, and household furniture.
- Funds may be granted for total loss of 1 vehicle, after proof of insurance payment or denial.
- Funds will **NOT** be granted for damages to a secondary or seasonal residence.
- Funds will **NOT** be granted for damages to landscaping, fencing (unless required by codes), and accessory structures, such as pools, pool cages (unless required by codes), patios, sunrooms, screened enclosures, lanais, decks, ramps, docks, boat garage, sheds, detached garages, nonvital portions of the primary structure, and any contents therein.
- Funds will **NOT** be granted for individual or business personal electronics, such as computers, laptops, tablets, phones, printers, etc.
- One grant for either AEF Disaster or AEF Hardship per grantee will be awarded in a 12-month period.

REQUIRED APPLICATION INFORMATION

The application must be filled out completely and accurately to prevent delay in processing. Please explain in detail the damage incurred to the primary residence including roofing, structure, windows, flooring, appliances, furniture, and all contents in the home. Include all supporting documents such as photographs, copies of receipts, work estimates, and government agency documents. If the application is not complete, it may be returned for amendment and or further explanation.

CHECKLIST MUST BE COMPLETED ANI) SENT WITH THE APPLICATION
Confirm you have held membership for three con years)	secutive years (the current year and immediate past two
Complete ALL sections of the application.	
Provide copies of receipts for emergency expense other.	es incurred including lodging, food/water, fuel, and
Applicant has read and understands all BASIC C	RITERIA FOR QUALIFICATION
SUBMIT APPLICATION	
Once application is complete, please e-mail to Finance@	<u>galafl.org</u> or mail to 1912 A Lee Road Orlando Fl 32810
QUESTIONS	
If you have any questions, please email Finance@alafl.c	org or call secretary @ 407-203-7411
Print Name	
Signature	Date



Auxiliary Emergency Fund

Expedited Application for Members Affected by Disaster
Once application is complete, please e-mail to Finance@alafl.org or mail to 1912 A Lee Road Orlando Fl 32810

MEMBER INFORMATION Member's Full Name	Member ID #					
Years of consecutive ALA membership: Memb	er's Unit # & Location:					
Member's Address at time of Disaster: address	-14					
Member's Phone Number: ()	Email:	state zip				
Type of Disaster: Fire Flood Hurricane Tornado Earth	quake Severe Weather (i.e. lightning, heavy snow)				
Other (Please Explain)	Date of Occurrence:					
Do you own or rent primary residence? □ Own □ Ren	t Is this your primary	residence? □Yes □No				
Are you still residing in the residence? □Yes □No If I (Hotel/Family):						
Was employment of member lost or temporarily suspe	ended due to disaster?	Yes □No If yes, for how long:				
Was employment of spouse lost or temporarily suspen	ded due to disaster? □Y	es □No If yes, for how long:				
Reimbursement Expected: FEMA: \$	State/Local Disaster A	ssistance: \$				
Homeowners/Renters Insurance: \$	Other: \$					
PAYMENT INFORMATION If awarded, payment will be transmitted by electronic a ACH. For electronic funds transfer (ACH), you must p account and your account number. If available, please	provide the bank name, i	couting /ABA number, type of				
Member's Name as listed on Account:						
Member's Address as listed on Account:						
Member's Signature:		Date:				
FOR ACH PAYMENT: Name of Member's Bank:	Type of Acc	count: □ Checking □ Savings				
Bank Routing#/ABA #	Member's Bank Account #					

Please include a voided check or deposit slip, for verification and accuracy.

APPLICATION FOR MEMBERS AFFECTED BY DISASTER REVISED 08.2025

Emergency Expenses: Please provide all emergency expenses incurred. Receipts must be provided.					
Lodging \$	Food/Water \$	Fuel \$	Other \$	(please explain)	
structure, windo as needed to fully	ws, flooring, appliances	, furniture, and a age. Include phot	ll contents in the l	curred including roofing, nome. Attach additional sheets r estimates, statements from	
Print Name		Signa	ture	Date	