



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 past due expenses of shelter, basic household utilities and/or loss of income due to medical and/or employment reasons within the last 6 months. Grants may be awarded up to \$1,200 with the intent to help members who have suffered a financial setback and offer a helping hand to assist in reestablishing financial stability. One AEF grant (Hardship or Disaster) per grantee will be awarded in a 12-month period. Application must be received within **3 months** of first delinquency notice. Applications are evaluated on a "CASE by CASE" basis.

Funding will **NOT** be granted to pay medical expenses, credit cards, taxes, insurances, cellular/TV services, animal care, car purchase/payment, and/or home/vehicle maintenance and/or repair, **or any expenses not related to shelter and basic household utilities.**

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)
- Submit all current overdue mortgage statement, overdue utilities and documentation of loss of income
- Completed application and checklist must be sent to Finance@alafl.org and received within 3 months of first delinquency notice

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, and any other expenses you wish to be considered for funding, and documentation on loss of income. 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: Finance@alafl.org

Questions

If you have any questions, please email: Emergency@alafl.org



Application for Hardship Assistance for ALA Members

E-mail application to: Finance@alafl.org or mail to American Legion Auxiliary Department of Florida 1912 A Lee Rd. Orlando, FL 32810

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 other - - 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 will be transmitted by check directly to the company that has been determined by the Finance Committee to be the most beneficial for the member in need.

Once officially submitted to the ALA Department of Florida, Finance@alafll.org for review and funding consideration, all fully completed grants, providing the requested information/documentation will be presented to the Finance Committee for final review and funding consideration within a maximum of 30 days.

If more information/documentation is requested, but is not provided by the applicant or no response from the applicant within the stated timeframe in the email, the application will be closed with no decision by the Finance Committee.

Member's Signature _____ Date _____

MUST ATTACH AND SUBMIT UNIT'S REPORT & CHECKLIST WITH THE APPLICATION

Unit's Report

This section is to be completed by the Unit President (or person appointed by the President)

Please provide a narrative explaining the members situation in more detail to include

1. Why assistance is needed.
2. Steps that have been taken to assist member
3. Your Unit's plan to assist member
4. Your Unit's recommendation to the Finance Committee

(If additional space is needed, attach a separate piece of paper)

Signatures

Important note: This application **MUST** be signed by the Unit President, Unit Secretary, or person appointed by President if applicable. Those who sign below **cannot** be related to the applicant.

Unit Name and Number: _____

Unit President: _____
(print name) (signature)

Unit Secretary: _____
(print name) (signature)