



*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 shelter, basic household utilities and/or for loss of income. 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. Funding will not be granted to pay for any expenses other than shelter, basic household utilities and/or loss of income. One AEF grant per grantee will be awarded in a 12-month period.

### **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)

### **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, documentation on loss of income and any other expenses you wish to be considered for funding. 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 application thoroughly before starting.  
(<https://alafl.org/programs/emergency-fund/>)
- ☐ 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](mailto:Finance@alafl.org)

### **Questions**

If you have any questions, please email: [Emergency@alafl.org](mailto:Emergency@alafl.org)

## Application for Hardship Assistance for ALA Members

E-mail application to: [Finance@alaf1.org](mailto:Finance@alaf1.org) or mail to American Legion Auxiliary Department of Florida 1912 A Lee Rd. Orlando, FL 32810

### Member Information

Member's Full Name:

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Address:

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Phone Number:

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Email:

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Member ID#:

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Unit Name and Unit Number:

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Unit Address:

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### Employment Information

What is your current employment status:

☐ FT ☐ PT ☐ Laid-Off ☐ Retired ☐ Unemployed ☐ Other

Place of employment:

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If unemployed, last date of employment:

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What is your spouse's current employment status:

☐ FT ☐ PT ☐ Laid-Off ☐ Retired ☐ Unemployed ☐ Other ☐ N/A

Place of employment:

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If unemployed, last date of employment:

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### 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:	\$ _____
Telephone:	\$ _____
Insurance:	\$ _____
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/or loss of income – 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 can be transmitted by electronic funds (EFT) directly to the member's bank account OR a check can be mailed. You must provide a complete mailing address below for delivery of a check. For EFT payment, you must provide the bank name, routing/ABA number, type of account and your account number. A voided check must be attached for payment by EFT.

Name listed on account:

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Address listed on account:

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Member's signature:

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Date:

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**For EFT Payment**

Name of Bank:

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Type of Account: ☐ Checking ☐ Savings

Bank Routing #/ABA #:

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Account Number:

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**For Check Payment**

Address:

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Once officially submitted to the ALA Department of Florida 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 60 days. After 30 days, if requested information is not provided by the applicant or no response from the applicant, the application will be closed with no decision by the Finance Committee.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_