

## 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> Application For Army Emergency Relief (AER) Financial Assistance		1. Section Number	2. Rank
4. Soldier's Name (Last, First, MI)		3. SSN or AER Client ID #	
		5. ETS Date	
6. Unit	6a. Soldier's Home or Permanent Mailing Address, Phone # and Email		
7. Bankruptcy Filed or Pending?		Are you currently in Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what Chapter? _____ Do you intend to file Bankruptcy within the next six months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Reason Why Assistance is Needed (Be complete and specific. If more space is needed, continue on separate sheet)			
8a. Dependents for Whom You Furnish More Than One-Half Support (ID Card Holder):			
Name		Age	Relationship
8b. List Your Specific Emergency Financial Needs:			\$ _____
			\$ _____
			\$ _____
Total			\$ _____
<b>9. 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.			
9a. Signature of Applicant			9b. Date
<b>10. Unit Commander or First Sergeant</b>			
10a. Soldier <input type="checkbox"/> is or <input type="checkbox"/> is not Pending Elimination from the Army.			
10b. Request is: <input type="checkbox"/> Approved. (Approval is contingent upon AERO review that the requested assistance is IAW AER policies and general guidelines) <input type="checkbox"/> Disapproved. Soldier has been informed of reason(s) why this request was disapproved.			
10c. Requested Amount \$ _____ (Maximum \$1,500)		10d. Approved Amount \$ _____	
10e. Name/Rank of CDR/1SG, Signature, Phone #, and Email			10f. Date
<b>11. AER Officer Review of the Application</b>			
11a. <input type="checkbox"/> I have performed the required administrative review and Soldier is eligible for AER Assistance under Commander's Referral.			
11b. <input type="checkbox"/> I have performed the required administrative review and Soldier is not eligible for AER Assistance under Commander's Referral Program due to _____ <input type="checkbox"/> Soldier's application is being returned to Unit Commander <input type="checkbox"/> Soldier's request is being processed as a routine AER case per Unit Commander.			
11c. Name of AERO		Signature	
			11d. Date