

Instructions for preparing AER Form 700

Application for Army Emergency Relief (AER) Financial Assistance

This form contains fields that can be filled out and the form printed, or the form can be printed as a blank document and filled out by hand.

1. This item is the AER Section number – enter if known
- 2-6. Self-Explanatory
7. Only one box may be checked
8. This item may have multiple lines
9. Self-Explanatory
10. Only one box may be checked
11. For each question, only Yes or No may be checked. The Bankruptcy Chapter line may contain no more than 2 digits.
12. This item may have multiple lines
- 12a. Self-Explanatory
- 12b. The Financial Needs Amount Column will only allow numbers and will automatically add the total.
- 13a. Self-Explanatory
- 13b. Self-Explanatory
- 14a. Only one box may be checked
- 14b. Only one box may be checked
- 14c. Self-Explanatory
- 14d. Self-Explanatory
- 14e. This item may have multiple lines
15. These items are completed by the AERO
- 15a. Only one box may be checked. The Loan Amount and Grant Amount items will only allow numbers
- 15b-c. Self-Explanatory
- 15d. This item may have multiple lines

APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE			1. Section Number 01010	2. Rank
3. Soldier's Name (Last, first, MI)		4. Unit	5. ETS	6. SSN or AER Client ID #
7. Status <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> USAR <input type="checkbox"/> ARNG <input type="checkbox"/> Other _____		8. Home or Permanent Mailing Address of Soldier, Retiree or Surviving Family Member and Phone #, Email		
9. Applicant's name and relationship (if other than Soldier)			10. Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. 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		
12. Reason Why Assistance is Needed (List your specific emergency financial needs . If more space is needed, continue on separate sheet)				
12a. Dependents for Whom You Furnish More Than One-Half Support (ID Card Holder):				
Name		Age	Relationship	
12b. List Your Specific Emergency Financial Needs			\$	_____
			Total	\$ _____
13. Applicant's Certification				
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 further 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.				
13a. Signature of Applicant			13b. Date	

14. Unit Commander's Review of Active Duty Applicant

14a. I have reviewed Soldier's request for AER assistance and recommend: Approval. Disapproval.
(indicate reason for recommendation or disapproval in section 14e)

14b. Soldier is or is not Pending Elimination From The Army.

14c. Name/Rank of CDR/1SG, Signature, Phone #, and Email

14d. Date

14e. Remarks (Commander and AER Officer record all pertinent information pertaining to application. If applicant's budget information is needed, use an AER budget sheet. If more space is needed, continue on separate sheet)

FOR LEVEL 2 APPROVAL

LEVEL 1: RECOMMEND APPROVAL _____ DISAPPROVAL _____

SIGNATURE: _____ DATE: _____

FOR LEVEL 3 APPROVAL

LEVEL 2: RECOMMEND APPROVAL _____ DISAPPROVAL _____

SIGNATURE: _____ DATE: _____

15. Action by Approval Authority

15a. Request is: Approved. Loan Amount \$ _____ Grant Amount \$ _____
 Disapproved. Soldier and Commander have been informed of the reasons for disapproval.

15b. Name of Approval Authority and Signature

15c. Grade

15d. Position
