

A Community of Volunteers Serving Veterans, Military, and their Families

Auxiliary Emergency Fund (AEF) Application Instructions for Disaster Assistance for American Legion Auxiliary (ALA) Members

An AEF grant may provide emergency assistance to ALA members in areas devastated by a natural disaster. The applicant must have received damage to the primary residence and/or been displaced/evacuated from the residence and/or had out-of-pocket expenses for temporary emergency expenses as a result of the disaster. Grants may be awarded up to \$3,000. One AEF grant per grantee will be awarded in a 12-month period.

What is a natural disaster?

A natural disaster is a major adverse event resulting from natural processes of the Earth that may produce great loss of human life or destruction of the natural environment. Any other disaster outside of this scope will need the consensus of the AEF Internal Review Committee to be considered. Examples of natural disasters include floods, hurricanes, tornadoes, volcanic eruptions, earthquakes, tsunamis, and other geologic processes.

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** the damage incurred to the primary residence including interior and exterior of primary structure only, household contents/appliances and damage to vehicles from the disaster. Application must include photos of damage, full copies of receipts for emergency expenses/repairs and copy of driver's license, work estimates, and insurance claim and/or government (FEMA) documents. 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 photos of damage, full copies of receipts for itemized emergency expenses/repairs and
applicable documentation, and driver's license.

Submit application

Once an application is complete, please e-mail to: AEF@ALAforVeterans.org; fax to ALA National Headquarters at: (317) 569-4502; or mail to: ALA National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

Questions

If you have any questions, please email: AEF@ALAforVeterans.org or call: (317) 569-4500.

Application for Disaster Assistance for ALA Members

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Member Information
Member's Full Name:
Address at time of disaster:
Is this your primary residence? \textstyle Yes \textstyle No
Do you own or rent the affected residence? Rent Own
Number of family members in primary residence:
Phone Number:
Email:
Member ID#:
Unit Number:
Unit Address:
Disaster Information
Type of disaster: Fire Flood Hurricane Earthquake Tornado Other
If other, please explain:
Date of disaster:
Are you still residing in the primary residence? \Begin{align*}\text{Yes} & \Boxim\text{No} \end{align*}
If no, please explain current living arrangements:
Reimbursement expected from other assistance:
FEMA: \$
State/Local Disaster Assistance: \$
Homeowners/Renters Insurance: \$
Other: \$

Please explain the damage incurred to primary residence:	
List of damages to primary structure only and household contents/ (Examples include: interior/exterior damages, furniture, appliance	
Item Amount	
Required Attachments	
Please provide photos of damages, full copies of receipts with iter copies of repair estimates, copy of driver's license and documenta and/or local law enforcement.	
Other Information	
Was employment of member lost or suspended due to the disaster?	Yes No
If yes, for how long:	
Was employment of spouse lost or suspended due to the disaster?	Yes No N/A
If yes, for how long:	
Please provide documentation of loss of income from employer an	d/or medical professional.
Payment Information If awarded, payment can be transmitted by electronic funds (EFT) OR a check can be mailed. You must provide a complete mailing For EFT payment, you must provide the bank name, routing/ABA number. A voided check must be attached for payment by EFT	address below for delivery of a check. number, type of account, account

CFT Payment
Jame of Bank:
ype of Account:
ank Routing #/ABA #
account Number:
Jame listed on account:
Address listed on account:
Member's signature:
Pate:
or Check Payment:
Address:
Once officially submitted to the ALA National Headquarters for review and funding consideration, all ally completed grants, providing the requested information/documentation will be presented to the AEF Committee for final review and funding consideration within a maximum of 60 days. After 30 days, if equested information is not provided by the applicant or no response from the applicant, the application will be closed with no decision by the AEF Committee.
Member's Signature: Date: