

Auxiliary Emergency Fund Sue Christensen 201 Lakeview Circle Big Stone City, SD 57216-2170 320-305-3284

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# Year End Report Questions to be answered and sent to Chairman by May 15, 2024.

UNIT#	TOWN	CHAIRMAN	
1. Was this p	rogram mentioned at the fir	rst meeting of 2023-2024 year?	
A. Natura	embers apply for this assist al Disaster  prary Assistance	_	
3. Was the de	epartment Chairman notifie	ed?	
4. Were appli	cations gotten on line?		
or was the	e department Chairman cor	ntacted?	
5. Did your U	nit donate to AEF?\$		
go to www or	w.sd.legionaux.org legion-aux.org		

Thank you for the information!



### Auxiliary Emergency Fund Application Instructions for Temporary Assistance for ALA Members

An Auxiliary Emergency Fund 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, food, and utilities. Grants may be awarded up to \$2,400 with the intent is to help members who have suffered a financial setback and offer a helping hand until financial stability is reestablished. Assistance will not be granted to pay medical expenses or credit card debt.

#### **BASIC CRITERIA FOR QUALIFICATION**

- The applicant must be an American Legion Auxiliary (ALA) member
- Applicant must have maintained ALA membership for three consecutive years (the current year and immediate past two years)
- One grant per grantee in a 12-month period will be awarded
- · Applicant must have exhausted all other financial options and be able to provide past due bills

#### REQUIRED APPLICATION INFORMATION

The application must be filled out completely and accurately to prevent delay in processing. Please explain **in detail** your current situation/emergency. Include all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered. If the application is not complete, it may be returned for amendment and or further explanation.

#### CHECKLIST BEFORE SENDING IN THE APPLICATION

Confirm you have held membership for three consecutive years (the current year and immediate past two years)

Complete ALL sections of the application

Provide copies of past due mortgage/rent and/or utility bills

#### **SUBMIT APPLICATION**

Once application is complete, please e-mail to AEF@ALAforVeterans.org; fax to National Headquarters at (317) 569-4502; or mail to American Legion Auxiliary 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.



## Auxiliary Emergency Fund Application for Temporary Assistance for ALA Members

E-mail application to <u>AEF@ALAforVeterans.org</u>; Fax to National Headquarters at (317) 569-4502; or Mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

Member's Full Name:		Member ID #:			
Member's Unit # & Location:		Member's Dept:			
Member's Address:	a.1.J	city	state	zip	
	)	•	State	-	
Years of consecutive ALA members	nip;	Number of family	members in the hor	ne:	
What is your current employment sta	itus?				
☐ Full-Time ☐ Part-Time ☐ Laid-	Off □ Retired □ Worker's C	compensation   Unemployed			
Place of Employment:		If unemployed, la	st date of employme	nt:	
If unemployed, please explain and or	utline steps taken to secure emp	loyment:			
What is your spouse's current emplo	yment status?				
☐ Full-Time ☐ Part-Time ☐ Laid	Off  Retired  Worker's	Compensation   Unempl	oyed		
Place of Employment:	If unemployed, last date	of employment: If sp	ouse is deceased, da	te of death:	
Applicant Narrative: Please explai elsewhere on the application. Attach other expenses to be considered.	-				

#### **Current Monthly Income**

#### **Current Monthly Expenses**

Current earnings of Applicant:		Do you own or rea	nt vour h	ome?		Own	Rent
Current Earnings of Spouse:		2	nt your n	J. 110.		OWN	10110
Earnings of other(s) in household:		Mortgage/rent:				-	
Veteran's Pension/Compensation:		Electricity:	Electricity:			·	
Child Support:		Fuel for Heating:	Gas	Propane	Oil		
Social Security:		Water/Sewage:					
SSI:		Food:				£	
SSD:		rood.				-	
Food Stamps:		Telephone:					
WIC:		Child Care:				-	
Aid from Post/Unit:		Medication:					
Unemployment Compensation:		Toiletries:				=	
Workman's Compensation:		Insurance:					
Alimony:	·		Homeowne	rs/Renters:			
County/State Assistance:	,	-	Life:				
Stock Dividends:	,: <del></del>		Auto:				
Other Income: (Please Specify Source)			Health:				
a national contraction of the co			Other:			-	
<del></del>		Other Expenses: (A	Please Spec	ify Source)			
		5.0 s <del></del>				-	
		-				2	
Total monthly income:		Total monthly e	xpense:	s:			
	Credit	tor Information					
Attach copies of all current utility s			tices and	l any other	expenses	to be cons	idered.
Mortgage Company/Landlord:	Name of Institution		Accou	ınt # (if applicab	le)		_
Address:				( <del></del>	,		
	Street	City	State		Zip		_
Utility Company or Other:	Name of Company			Account #			
Address:							
	Street	City	State		Zip		
Utility Company or Other:	Name of Company			Account #	<b>#</b>		47
Address:	Street						
	Street	City	State		Zip		

#### **NOTICE**

If you are a recipient of an Auxiliary Emergency Fund grant and would like to be contacted by staff from the American Legion Auxiliary National Headquarters to publicly share your story of how the Auxiliary Emergency Fund assisted you, please sign below. Your testimonial could be used in ALA print, marketing and online publication. Personal AEF stories help promote the Auxiliary Emergency Fund fundraising efforts, through which grants are made possible.

(Optional) Member Signature:	Date:	
Declining to provide your signation will not adversely affect the evaluation of your AEF application.		