

| For Internal Use Only |
|-----------------------|
| Case #                |
| Date Received         |
| # of Continuous Yrs   |

## American Legion Auxiliary Emergency Fund Expedited Application for Members Affected by Disaster

Application must be received at National Headquarters within 3 months from disaster date

You may fax completed application to National Headquarters at (317) 569-4502, mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268, or e-mail directly to AEF@ALAforVeterans.org. Questions may be directed to Marti Drake at (317) 569-4564. Note: *Applications lacking required information may be returned*.

| Type of Disaster: ☐ Fire ☐ Flood ☐ Hurricane ☐ To  | ornado   Earthquake   Severe Weather (i.e. lightning, heavy snow)  |
|--|--|
| ☐ Other ( <i>Please Explain</i> )  | Date of Occurrence:  |
| Member's Full Name:  | Member ID #:   |
| Member's Unit # & Location:  | Member's Dept:   |
| Member's Address at time of Disaster:address   |  |
| Member's Phone Number: ( )   |  |
| Do you own or rent primary residence? ☐ Rent ☐ Own   | Was primary residence damaged? □Yes □No  |
| If damaged, was residence insured? □Yes □No If insur   | red, please indicate amount you expect to receive from policy: \$  |
| •  | o, please explain current living arrangements:   |
| How long were you or do you anticipate being out of home?  | days weeks   |
| Was employment of member lost due to disaster? □Yes □  | No Was employment of her spouse lost due to disaster? $\Box$ Yes $\Box$ No   |
| Was employment of member temporarily suspended? ☐Yes   | □No Was it for spouse? □Yes □No  |
| If yes, how long for each? Member: days wee  | eks Spouse: days weeks   |
| Emergency Expenses Incurred Emergency Lodging: \$_Please explain "Other" expenses, such as plywood, generator, dry | Food/Water: \$ Other \$ y ice, etc., and attach copies of applicable receipts.   |
| PAYME  | ENT INFORMATION  |
|  | e member's bank account OR a check can be mailed. You must provide a Postal Service. For electronic funds transfer, you must provide the bank name, ber. If available, please include a voided check for accuracy. |
| Member's (Applicant's) Name as listed on Account:  |  |
| Member's Address as listed on Account:   |  |
| Name of Member's Bank:   | Type of Account:   Checking  Savings   |
|  | Member's Bank Account #  |
|  |  |
| Member's Signature:  | Date:  |
| *Please Note: The maximum grant amount for an expeditea  | l disaster application is \$2,400.00, disbursed as determined by the Auxiliary   |

Emergency Fund Grant Committee.