



*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. Junior members are not eligible to apply.
- Applicant must have maintained annual ALA membership for three consecutive years (the current year and immediate past two years).
- Current member's occurrence of a natural disaster
- Applicant must be a current ALA member 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. AEF will not fund damage to decks, ramps, porches, patios, lanais, gazebos, screened enclosures, docks, fencing, landscaping or buildings not attached to the primary structure. Application must include photos of damage, full copies of receipts for emergency expenses/repairs, copy of driver's license, repair estimates, 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 applying and immediate past two years).
- Complete **ALL** sections of the 4-page 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](mailto: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](mailto:AEF@ALAforVeterans.org) or call: (317) 569-4500.

## Application for Disaster Assistance for ALA Members

E-mail application and documentation to: [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org); fax to National Headquarters at: (317) 569-4502; or mail to: ALA National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

### Member Information

Member's Full Name: \_\_\_\_\_

Address at time of disaster: \_\_\_\_\_

Is this your primary residence?  Yes  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?  Yes  No

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 only the interior/exterior of primary residence, household contents and/or personal belongings: (1250 maximum character limit allowed for explanation.)

List damage to primary structure only and household contents/personal belongings:  
(Examples include: structural damage to interior/exterior, furniture, appliances, and clothing.)

Item(s)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Required Attachments:**

Please provide photos of damages, full copies of receipts with itemized emergency expenses/repairs, copies of repair estimates, copy of driver’s license and documentation from FEMA, insurance claims 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 and/or medical professional.

**Payment Information**

If awarded, payment can be transmitted by electronic funds (EFT) directly to the member’s bank account OR a check can be mailed. You must provide a complete mailing address below for delivery of a check. For EFT payment, you must provide the bank name, routing/ABA number, type of account, account number and a voided check must be provided with the AEF application.

**For EFT Payment: Note: A voided check must be included with application for payment by EFT.**

Name of Bank: \_\_\_\_\_

Type of Bank Account:  Checking  Savings

Bank Routing # / ABA#: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name Listed on Account: \_\_\_\_\_

Address Listed on Account: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Check Payment:**

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Once officially submitted to the ALA National Headquarters for review and funding consideration, all fully completed grants, providing the requested/information/supportive documentation will be presented to the AEF Committee for final review and funding consideration within a maximum of 60 days. After 30 days, if the requested 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: \_\_\_\_\_