

APPLICATION FOR AIR FORCE AID SOCIETY FINANCIAL ASSISTANCE

Complete in Ink

Name of servicemember (Last, First, MI)				Grade	Base Name		Date of Application
SSN	Age	Yrs Service	ETS	DEROS	Months at Base	Referred By	
Home Address			Home Phone ()	Separation Pending? YES NO	Date Retired	Date Deceased	
Organization Address			Duty Phone ()	Home Address			
Spouse's Name		Age	Spouse Active Duty? YES NO	Spouse's SSN, if Active Duty		Power of Atty? YES NO	Date of marriage
DEPENDENTS OTHER THAN SPOUSE				OTHERS LIVING IN HOUSEHOLD			
Age	Relationship		Age	Relationship		Age	Relationship

Total assistance requested over \$250?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Declared bankruptcy? Date _____	<input type="checkbox"/> Ch. 13 <input type="checkbox"/> Ch. 7 <input type="checkbox"/> NO
Dependent funeral assist over \$3500	<input type="checkbox"/> YES <input type="checkbox"/> NO	Defaulted student loans?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bad checks outstanding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Previous assistance (within 12 months)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Foreclosure?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tax liens?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pending disciplinary action?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Overdue debts?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If **all** questions were answered "NO", complete only **SIDE 1** of this form; completion of **SIDE 2** may be requested by counselor.

NEEDS: List your specific financial assistance needs

TOTAL \$ _____

Please explain why you need AFAS assistance (be specific).

APPLICANT'S CERTIFICATION

I hereby authorize the Department of the Air Force to supply the Air Force Aid Society with any requested information in connection with this assistance. I further authorize the Department of the Air Force, or any agency, to supply my latest home address, or duty assignment to the Air Force Aid Society whenever requested.

I understand that:

- the solicitation of this information is authorized by 10 USC 8012;
- the disclosure of this information on my application is voluntary;
- all information requested will be used only for determining eligibility for and administration of a loan;
- the failure to provide all requested information will result in disapproval of this application.

I authorize the AFAS to investigate my credit record and, in the administration and collection of this loan, furnish information concerning this loan to National Credit Bureaus and others who may properly receive this information. I certify that the information provided on this application is complete, true and correct.

DATE _____ SIGNATURE OF APPLICANT _____

This application is complete IAW current AFAS instructions.

DATE _____ SIGNATURE OF AFASO _____

ACKNOWLEDGEMENT OF REASON FOR DISAPPROVAL

I acknowledge that I have been apprised of the reason(s) and/or circumstances why this request for assistance was disapproved.

DATE _____ SIGNATURE OF APPLICANT _____

APPROVAL #:

ASSETS:

1. Vehicle (Yr. & Make) _____
2. Vehicle (Yr. & Make) _____
3. Real Estate _____
4. Savings _____
5. Other _____

LIST ALL PREVIOUS AFAS, AER, NMCRS AND RED CROSS ASSISTANCE

Name of AFAS Section or Relief Agency	Date	LOANS	GRANTS
		Amount	Amount
TOTAL			

A. MONTHLY FAMILY INCOME **CURRENT** **PROJECTED**

		CURRENT	PROJECTED
1.	Base Pay		
2.	Basic Allowance for Subsistence (BAS)		
3.	Basic Allowance of Housing (BAH)		
4.	Overseas Housing Allowance (HOLA)		
5.	Cost of Living Allowance (COLA)		
6.	Family Separation Allowance		
7.	Special Pay (Flight, Pro, etc.)		
8.	Military retired pay		
9.	VA Disability Income		
10.	SRP		
11.	Social Security Benefits		
12.	SvcMbr outside earnings (NET)		
13.	Spouse's earnings (NET)		
14.	Child Support (received)		
15.	Food Stamps/W.I.C.		
16.	Social Service income (i.e. AFDC)		
17.	Other VA Benefits		
18.	Interest/Dividends		
19.	Rental income		
20.	Other (Specify)		
21.			
22.			
23.			
24.	TOTAL (A)		

B. Budget (Average Monthly Payments) **CURRENT** **PROJECTED**

		CURRENT	PROJECTED
25.	Social Security (FICA)		
26.	Withholding Income Tax – Federal		
27.	Withholding Income Tax – State		
28.	Medicare		
29.	Alimony/Child/Family Support (paid)		
30.	Deployed Member Expenses		
31.	Charitable Contributions		
32.	Rent/Mortgage		
33.	Utilities		
34.	Telephone		
35.	Cable T.V.		
36.	Food and Household supplies		
37.	Clothing		
38.	Life Insurance/SGLI/USSH		
39.	House/Personal Property Insurance		
40.	Vehicle insurance		
41.	Vehicle gas/maintenance		
42.	Child Care		
43.	Savings		
44.	Recreation/Entertainment		
45.	VEAP or school expenses		
46.	Medical/Dental		
47.	Personal needs (Specify)		
48.	TOTAL (B)		

C. INDEBTEDNESS

	Creditor Name	Purpose	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
49.	Advance Pay							
50.	AFAS							
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
61.	TOTAL INDEBTEDNESS							(C)

* Attach separate sheet for additional debts

1. Date last pay received _____ . Amount \$ _____.
2. My dependents and I have \$ _____ cash on hand or in the bank/credit union as of this date.
3. I will not receive any pay or other income until _____ and this amount will be approximately \$ _____.

TOTAL INCOME	(A)
TOTAL MONTHLY PAYMENTS (B + C = D)	(D)
NET (A – D) <input type="checkbox"/> SURPLUS <input type="checkbox"/> DEFICIT	