



<i>For Internal Use Only</i>	
Case #	_____
Date Received	_____
# of Continuous Yrs.	_____

American Legion Auxiliary Emergency Fund Expedited Application for Disaster Victims Seeking Temporary Shelter Assistance

NOTE: You may fax this completed application to National Headquarters at (317) 569-4502 or mail it to American Legion Auxiliary National Headquarters, Attn: AEF, 8945 N. Meridian St, Indianapolis, IN 46260. Additionally, you may e-mail this completed application directly to jmutchler@legion-aux.org. Questions may be directed to Jeri Mutchler at (317) 569-4544.

DATE OF OCCURRENCE: _____ MEMBERSHIP ID NUMBER: _____

MEMBER'S FULL NAME (Please Print legibly): _____

MEMBER'S ADDRESS AT TIME OF NATURAL DISASTER (tornados/flooding-must be filed with NHQ within 3 months from disaster date):

_____ address _____ city _____ state/zip

MEMBER'S UNIT #/LOCATION: _____ MEMBER'S DEPARTMENT: _____

MEMBER'S # OF DEPENDENTS: _____ PHONE NUMBER: () _____ - _____

GENERAL INFORMATION	RESIDENCE INSURED: <input type="checkbox"/> YES <input type="checkbox"/> NO If insured, please indicate the amount you expect to receive from policy: \$ _____ If you are not currently residing in the dwelling, please explain your current living arrangements and how long you anticipate being out of your home: _____	PRIMARY RESIDENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	STILL RESIDING IN DWELLING: <input type="checkbox"/> YES <input type="checkbox"/> NO
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DAMAGE INCURRED Please explain the damage incurred. You may include any copies of repair estimates, pictures, statements from FEMA or local law enforcement, etc.

EXPENSES INCURRED Please provide copies of applicable receipts.
EMERGENCY HOUSING: \$ _____ **FOOD:** \$ _____ **CLOTHING:** \$ _____
OTHER (please explain): _____

PAYMENT INFORMATION

Payment can be transmitted by electronic funds directly to the member's bank account OR a check can be mailed. You must provide a complete mailing address for delivery of a check by the U.S. Postal Service. For electronic funds transfer, the bank name, routing /ABA number as well as your account number must be provided. If available, please include a voided check for accuracy.

Member's Name and Address listed on Account: _____

Member's (Grantee's) Bank: _____

Bank Routing#/ABA # _____

Checking or Savings Account #: _____

Address Where Check is to be mailed: _____

Member's Signature: _____ Date: _____