COMMANDER'S REFERRAL PROGRAM Application For Army Emergency Relief (AER) Financial Assistance			1. Section Number 2. Rank		2. Rank
			3. SSN or AER Client ID #		
4. Soldier's Name (Last, First, MI)					
, , , ,			5. ETS Date		
6. Unit	6a. S	oldier's Home or Permane	nt Mailing Add	ress, Pho	ne # and Email
7. Bankruptcy Filed or Pending?		ou currently in Bankruptcy? Number of the state of the sankruptcy within the sankruptcy.			
8. Reason Why Assistance is Needed (Be					
8a. Dependents for Whom You Furnish More Than One-Half Support (ID Card Holder):					
Name		Age		Relationship)
8b. List Your Specific Emergency Financial Needs:				_ \$	
			Total	\$	
9. Applicant's Certification I hereby authorize the Department of the Army in connection with this assistance. I authorize to official military address to AER whenever requestion form, therefore, in some cases, will be provided by AER to the Acertify the information provided on this application. 9a. Signature of Applicant	he Department o sted. I further ur s not subject to the Army in order to d	f the Army, or any agency, to suderstand that AER is an indepose Privacy Act (5 U.S.C. 552a etermine eligibility for and adr	supply my lates pendent private). Information p	t home add entity, not provided or	dress, and/or part of the U.S. this application,
10. Unit Commander or First Sergeant					
10a. Soldier is or	_ is not Pendir	ng Elimination from the Arm	ıy.		
10b. Request Is: Approved. Disapproved.	Soldier has bee	n informed of reason(s) wh	y this request	was disa	pproved.
	(Maximum \$1,5		d Amount \$		
10e. Name/Rank of CDR/1SG, Signature,	Phone #, and E	mail		10f. Date	•
11. AER Officer Review of the Application		on and Oaldrania altable for	- AED A '- t -		
11a I have performed the required adm Referral.	inistrative revie	w and Soldier is eligible for	r AER Assista	nce unde	r Commander's
11b I have performed the required adm Commander's Referral Program d Soldier's application is being	ue to	_	e for AER Ass	istance u	nder
Soldier's request is being pro			mmander.		
11c. Name of AERO Signature				11d. Dat	е

Instructions for preparing AER Form 600

COMMANDER'S REFERRAL PROGRAM,

Application for Army Emergency Relief (AER) Financial Assistance

This form contains items that can be filled out online and then printed, or it can be printed as a blank document and filled out by hand.

1. This item is the AER Section number – enter if known 2-5. Self-Explanatory 6. This item may have multiple lines This item may have multiple lines 6a. 7. For each question, only Yes or No may to be checked. The Bankruptcy Chapter line may contain no more than 2 digits. 8. This item may have multiple lines Self-Explanatory 8a. 8b. The Financial Needs Amount Column will only allow numbers and will automatically add the total. 9a. This field may not be filled in 9b. Self-Explanatory 10a. Only one box may be checked 10b. Only one box may be checked 10c-f. Self-Explanatory 11. These items are completed by the AERO 11b. If this box is checked, please indicate a reason and check the correct routing box. 11c. Self-Explanatory

11d.

Self-Explanatory