#### **Instructions for preparing AER Form 600**

## COMPANY COMMANDER & FIRST SERGEANT QUICK ASSIST 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
- 6a. This item may have multiple lines
- 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
- 8a. Self-Explanatory
- 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

Ic. Requested Amount \$	Soldier's Name (Last, First, M)       5. ETS Date         Unit       7. Soldier's Home or Permanent Mailing Address, Phone # and Email         Are you currently in bankruptcy or do you plan to file bankruptcy within the next six months?       Yes       No         Reason Why Assistance is Needed (Be complete and specific. If more space is needed, continue on separate sheet)         Decendents for Whom You Furnish More Than One-Half Support (ID Card Holder)?       Relationship         Name       Age       Relationship         List Your Specific Emergency Financial Needs;       \$		T SERGEANT QUICK ASSIST Ency Relief (AER) Financial A	ssistance	I 1. Section N	lumber	2. Rank
					3. SSN or A	ER Client	ID #
	Unit       7. Soldier's Home or Permanent Mailing Address, Phone # and Email         Are you currently in bankruptcy or do you plan to file bankruptcy       8a. If you answerad Yes to Question 8, what Chapter?         Becendents for Why Assistance is Needed (Be complete and specific. If more space is needed, continue on separate sheet)       Reason Why Assistance is Needed (Be complete and specific. If more space is needed, continue on separate sheet)         Decendents for Whom You Furnish More Than One-Half Support (ID Gard Holder)       Relationship         Name       Age       Relationship         List Your Specific Emergency Financial Needs;       \$	I. Soldier's Name (Last, First, MI)			5. ETS Date		
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Ie. Name/Rank of CDR/1SG, Signature, Phone #, and Email       Signature       11f. Date         If. Date       If. Date       11f. Date         If. Date       If. Date       If. Da	ARE Officer Review of the Application       11f. Date         A. I have performed the required administrative review and Soldier is eligible for AER Assistance under the Component of the required administrative review and Soldier is not eligible for AER Assistance under the Component of the required administrative review and Soldier is not eligible for AER Assistance under the Component of the required administrative review and Soldier is not eligible for AER Assistance under the Component of the required administrative review and Soldier is not eligible for AER Assistance under the mpany Commander & First Sergeant Quick Assist Program due to:         Soldier's application is being returned to Unit Commander/First Sergeant         Soldier's request is being processed as a routine AER case per Unit Commander/First Sergeant         Name of AERO       Signature         R FORM 600, dated 6 July 2017       (Local Reproduction Authorized)       Previous editions of this form are obs	Arrow authorize the Department of the aconnection with this assistance. I authorities a series to AER whenever overnment. This application form, there some cases, will be provided by AER to entify the information provided on this applicant. Signature of Applicant  1. Unit Commander or First Serge 1. Soldier  1. Approved. (Applicant  1. Have assesse	ant not Pending Elimination from the ray ant both Soldier's financial well-being	ATT A gency, tr AER is an ind (5 U.S.C. 552 illity for and a Army. equested assista and he/she	ed in my official A o supply my lates lependent private 2a). Information   dministration of f	rmy persor thome ad entity, not provided or inancial as 10b. Dat	al guidelines)
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# Army Emergency Relief (AER) Budget Sheet

For use of this form see the AER Section Reference Manual

#### SSN or AER Client ID: Name: Complete blocks 1 through 8 ensuring block 8 reflects a balance. **BASE MONTHLY ENTITLEMENTS** FIXED MONTHLY EXPENDITURES 1 AMOUNT 2 AMOUNT Military/Retired Pay а Food а BAS b b Rent/Mortgage BAH C Utilities (Electricity/Water/Sewer/Gas) C d Special Duty Pay Phone/Internet/Cable d Spouse Income **Cell Phone** e e f Survivor Income f Other Other Other g g Other h h Other ì Other i Other Other i Other k Other Other k Other 1 **Total Indebtedness from block 3f** \$0.00 TOTAL MONTHLY ENTITILEMENTS TOTAL MONTHLY EXPENDITURES 11 \$0.00 21 \$0.00 (block 5) (block 6) INDEBTEDNESS (Transfer amount of monthly payments from block 3f to block 2l) 3 DATE DATE ORIGINAL BALANCE DATE MONTHLY PURPOSE CREDITOR INCURRED AMOUNT AMOUNT LAST PYMT DUE VERIFIED а b C d . e 3f **TOTAL MONTHLY PAYMENTS** \$0.00 TOTAL DUE \$0.00 **DEDUCTIONS (INCLUDED IN GROSS ENTITLEMENTS)** 4 ITEM AMOUNT ITEM AMOUNT Federal Income Tax а TSP g Social Security (FICA) b Other h Medicare Other Allotment 1 С î Other Allotment 2 d State Income Tax i Insurance (SGLI/TSGLI/FSGLI) Other Allotment 3 е k f **Dental Plan** Other Allotment 4 1 4m **TOTAL DEDUCTIONS** \$0.00 5 TOTAL MONTHLY ENTITLEMENTS (amount from Box 1) \$0.00 6 TOTAL MONTHLY EXPENDITURES (amount from Box 2I) \$0.00 7 TOTAL DEDUCTIONS (amount from Box 4m) \$0.00 8 BALANCE: + OR (-) \$0.00

**NOTE:** A Soldier's monthly surplus does not automatically dictate rendering a decision to provide a loan. Full or Partial grants should be considered in every case.