

# American Legion Auxiliary Minnesota Disaster Fund Application for Assistance

Name: \_\_\_\_\_

Membership ID # \_\_\_\_\_

Unit # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Street

City

State

Zip Code

Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Separated

Are you a veteran?  Yes  No

If yes, please list dates of service: \_\_\_\_\_

Are there any minor children living in your home?  Yes  No

If yes, please list by name, age and relationship to you:  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other adults living in your home?  Yes  No

If yes, please list by name and relationship to you:  
\_\_\_\_\_  
\_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY DEPARTMENT SECRETARY

*I certify that the applicant has paid dues for the two  
immediate preceding years and her dues have been  
received for the current year.*

\_\_\_\_\_  
Department Secretary's Signature

\_\_\_\_\_  
Date

### Rules/Instructions

The Auxiliary Minnesota Disaster Fund was created to provide:

- Temporary assistance to eligible members during a time of financial crisis. It is designed to help with a financial need when a disaster happens
- A Disaster will be of a Natural nature, such as Flood, Tornado, Wild Fire, etc.
- This fund is designed for Minnesota Unit members only.
- The Disaster Fund maintains the confidentiality of all applications, reviews, and supporting documents, and will neither disclose nor release disaster files or cases to anyone outside of the ALA Minnesota Disaster Fund Committee.

**Eligibility:** Persons who have been members of the American Legion Auxiliary for at least the immediate past two consecutive years. AND whose current membership dues are paid at the time the disaster occurs (three consecutive years' dues) may apply for assistance.

**Assistance Provided:** The maximum grant amount is \$2,500.00 to be disbursed from the Minnesota Disaster Fund. The Disaster Fund Committee will make the final decision on the amount granted.

### UNIT, PLEASE READ THE FOLLOWING:

Each Auxiliary Disaster Fund application is assessed entirely on the basis of the written record provided herein. Therefore, both the Unit and member should be specific and thorough when completing the application. Please type or print neatly to ensure legibility.

### Remember to:

- Ensure the applicant has completed all applicable sections.
- Ensure all sections requiring Unit input are complete.
- Ensure all appropriate signatures have been obtained.
- Forward the completed application to your Department Secretary.

### *This section to be completed at Department Headquarters*

Date Received: \_\_\_\_\_ Case Number: \_\_\_\_\_

Membership Verification: \_\_\_\_\_

# DISASTER ASSISTANCE

*(This section is required for Disaster Applicants only. Those experiencing financial hardship unrelated to a disaster or apply for educational assistance may skip this section.)*

Date of Occurrence(s): \_\_\_\_\_

Type of Disaster/Emergency:       Fire                       Flood                       Hurricane       Severe Weather (i.e. lightning, heavy snow)

Earthquake       Other (*Please*

*Explain*) \_\_\_\_\_

Is the affected dwelling your primary residence?  Yes  No

Are you still residing in the dwelling?       Yes  No

If you are not still residing in the dwelling, please explain where you are currently living as well as how long you anticipate being out of your home:

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Please explain the damage incurred:

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(You may attach additional sheets of paper if needed. Please include copies of any photographs, repair estimates, statements from FEMA or local Law Enforcement, etc.) **As these items CANNOT be returned, please DO NOT send original receipts or photos that you may need returned.**

Did you purchase emergency supplies?     Yes                       No

*(If yes, please list the cost of these supplies and provide copies of applicable receipts. )*

Plywood \_\_\_\_\_     Generator \_\_\_\_\_     Gasoline \_\_\_\_\_     Dry Ice \_\_\_\_\_     Bottled Water \_\_\_\_\_

Lodging \_\_\_\_\_  Other (please explain)

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Is the affected property insured?  Yes  No *If yes, please indicate the amount you expect to receive from the policy:*

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(Please attach copies of any applicable documents regarding the property's insurance policy)

Additional  
Comments: \_\_\_\_\_

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**NOTE:** *In addition to this section, please make sure to complete all sections on pages 1-3. Applications lacking required information will be returned.*

Unit's Report

This section is to be completed by the Unit

Please provide a narrative explaining the member's situation in more detail to include:

- 1) Why assistance is needed
- 2) Your Unit's plan to assist member
- 3) Your Unit's recommendation to the Minnesota Disaster Fund Committee

(If additional space is needed, attach a separate piece of paper.)

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SIGNATURES

IMPORTANT NOTE: This application MUST be signed by the Unit President, Unit Secretary). Those who sign below cannot be related to the applicant. Two signatures are accepted ONLY when the Unit President or Unit Secretary is inaccessible (in the hospital, out of town, etc.), is the applicant or is related to the applicant. Otherwise, both signatures are required before the application can be processed. ALSO NOTE:

Unit Name and Number: \_\_\_\_\_

Unit President :

Printed Name	Signature		
Address: _____			
Street	City	State	Zip Code
Daytime Phone: _____		E-mail: _____	

Unit Secretary: \_\_\_\_\_  
Printed Name Signature

Address: _____			
Street	City	State	Zip Code
Daytime Phone: _____		E-mail: _____	