

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:

Please explain the damage incurred:

(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)

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

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

Additional
Comments: _____

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.)

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: _____	