

**AIR FORCE AID SOCIETY  
EMERGENCY ASSISTANCE REQUIRED DOCUMENTATION**

**Note: Upload documentation that specifically pertains to your financial assistance need and any other documentation not listed but would help in processing your application.**

**FALCON ASSIST APPLICATION (up to \$1500) – Active Duty, Guard, Reserve, Spouse with Power of Attorney (POA)**

<b>Military ID</b>	Front and back	
<b>Leave and Earning Statement (LES)</b>	Military member	
<b>Civilian Pay Statement</b>	Guard/Reserve	
<b>Military Activation Order</b>	Guard/Reserve on active duty	
<b>Power of Attorney</b>	If not the military sponsor	
<b>CATEGORY OF NEED</b>		
<b>Vehicle Repair</b>	- Vehicle Registration - Proof of Insurance	
<b>Dorm Relocation (Involuntary Relocation)</b>	First Sergeant Referral Certificate	
<b>Emergency Travel (Extended Family – grandparent, uncle, aunt, nephew, etc.)</b>	<b>AF Form 988</b> "Leave Request/Authorization"	
	<b>Airfare:</b> <b>AFAS purchase</b> – Provide departure/arrival airport, departure/return dates, number of tickets (self & dependents) in application statement of need.  <b>Online purchase</b> – Provide Itinerary w/cost.	
	<b>POV Travel:</b> Document showing mileage to/from home to emergency location	

**STANDARD ASSIST APPLICATION**

<b>Military ID</b>	Front and back	
<b>Leave and Earning Statement (LES)</b>	Military members	
<b>Civilian Pay Statement (LES)</b>	Guard/Reserve/Retiree/Widow(er) members	
<b>Budget</b>	System attachment	
<b>Military Activation Order</b>	Guard/Reserve on active duty	

<b>Retirement Account Statement (RAS)</b>	If a retiree receiving retirement pay	
<b>VA Disability Letter</b>	If receiving disability income	
<b>Power of Attorney</b>	If not the military sponsor	
<b>CATEGORY OF NEED:</b>		
<b>Funeral Expenses</b>	- Funeral Home Estimate(s) - Deceased Transportation Cost (if req'd from another location) - Burial Site Estimate/Cost (if req'd)	Assist is typically for dependents
<b>Dental</b>	Estimate/Emergency Cost	
<b>Medical</b>	- Co-pay Bill - Medication Bill - Special Equipment Estimate	
<b>Cranial Helmet</b>	- Doctor's Prescription - TRICARE/Other Insurance Denial Letter - Estimate	All documents required
<b>Special Needs (EFMP)</b>	- vMPF Data Sheet (show Q Code – EFMP)* - Estimate/Cost* - Doctor/Therapist Recommendation (confirm equipment/need will help)	*Documents required
<b>Mortgage</b>	Payment Invoice/Past Due Notice	
<b>Rent</b>	- Lease Agreement* - Past Due/Amount Owed Notice - Eviction Notice (if served)	*Page(s) showing renter(s) & monthly payment
<b>Rent – 1<sup>st</sup> month and/or Security deposit</b>	Approval Notice/Lease Agreement	
<b>Short Notice Medical Retirement/Separation</b>	- Lease Agreement - Utility deposit notice - Relevant documentation for determination	
<b>Housing Allowance (HALO) - OCONUS</b>	-Lodging Invoice/Bill (if request is for lodging assist) - Rental Agreement (if request is for rent/deposit)	
<b>Utilities</b> (Phone, Electric, Home Gas, Water)	Invoice/Bill	
<b>Other Basic Living Expenses</b> (Food, gas, etc.)		No documents required
<b>Emergency Travel (Death/Illness of Immediate Family Member: member's spouse and member's or spouse's parents</b>	<b>AF Form 988</b> "Leave Request/Authorization" or <b>AF Form 972</b> "Request and	No budget required

<b>(including stepparents), children, brothers and sisters)</b>	<p>Authorization for Emergency Leave"</p> <p><b>In Loco Parentis (ILP) Affidavit (If member invokes ILP)</b> - a. A person who stood in place of the member's parent for a period of at least 5 years before the member became 21 years of age or entered military service. b. The person provided a home, food, clothing, medical care, and other necessities, and gave moral, disciplinary guidance, and affection.</p>	<p>SM with AF Form 972 – Airfare is Unit funded</p>
	<p><b>Airfare:</b>  <b>AFAS purchase</b> – Provide departure/arrival airport, departure/return dates, number of tickets (self &amp; dependents) in application statement of need.</p> <p><b>Online purchase</b> – Provide Itinerary w/cost.</p>	
	<p><b>Lodging:</b> Online document showing lodging reservation/# of nights/cost</p>	
	<p><b>Vehicle Rental:</b> Online document showing # of days and cost</p>	
	<p><b>POV Travel:</b> Document showing mileage to/from home to emergency location</p>	
<b>Pet PCS Transportation (To/From OCONUS)</b>	<ul style="list-style-type: none"> <li>- PCS Order</li> <li>- Transportation (only) Estimate/Cost</li> </ul>	<p>All documents required  <b>Request is submitted within 60 of relocation/PCS</b></p>
<b>Pet Emergency Surgery/Emergency Illness</b>	<ul style="list-style-type: none"> <li>- Invoice/Bill</li> <li>- Vet memo stating surgery/treatment was immediate need.</li> </ul>	<p>All documents required  <b>Request must be submitted within 30 days of service</b></p>
<b>Emergency Home Repair</b>	<p>Two Repair Estimates</p>	<p>AFAS does not typically assist with this category but can</p>

		apply for exception consideration
<b>Child Care</b>	Bill/Invoice	CDC Care, Off Base Care
<b>Vehicle Expenses</b> (Payment, insurance, registration)	Bill/Invoice	
<b>Vehicle Repair</b>	- Vehicle Registration - Proof of Insurance - Two Repair Estimates	All documents required
<b>Vehicle Initial Registration/Tags/Titles/Taxes</b>	- Dept. of Motor Vehicle invoice - Proof of insurance	Only in states where not included in purchase contract and SM unaware