

APPLICATION FOR AIR FORCE AID SOCIETY FINANCIAL ASSISTANCE

*** Falcon Loan applicants complete front side only**

						Base Name		
Sponsor Name (Last, First, MI)			Rank	Branch of Service	ETS/DOS	DEROS	Months at Base	
SSN	Date of birth	Active Duty <input type="radio"/> Years Service: _____	Title 10 Reserve <input type="radio"/> Activation Dates: _____ to _____	Title 10 Guard <input type="radio"/> Activation Dates: _____ to _____	Retiree <input type="radio"/> Date Retired: _____	Widow <input type="radio"/> Date of Death: _____		
Assigned Unit Address				Duty Phone		Duty Email		
Local Home Address				Personal Phone		Personal Email		
Permanent Home Address				If Spouse, Power of Attorney? <input type="checkbox"/> yes <input type="checkbox"/> no				
Spouse's Name		Spouse Active Duty?	Spouse SSN		Date of Marriage	Number in Household		
Dependents other than Spouse				Others Living in the Household				
Age	Relationship		Age	Relationship		Age	Relationship	

***Falcon Loan:** This streamlined Emergency Assistance loan up to \$1000, is available at Air Force bases to active duty Air Force personnel including Reserve/Guard activated under Title 10 U.S.C. for the following needs: **basic living expenses including rent, utilities, food, phone, gasoline; emergency travel expenses; child care, medical and dental needs; vehicle insurance/payment/repair/registration.** Falcon loan must be repaid in 12 months or by ETS if less than 12 months. If your need exceeds \$1000, does not fall into one of the categories above, or you are repaying a loan to AFAS, pending separation, or are under Chapter 13 bankruptcy, apply for **Standard Emergency Assistance** by completing the front and back of this application.

List Specific Financial Needs:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount Requested:	\$ <u>0.00</u>

I hereby authorize the Department of the Air Force to supply the Air Force Aid Society with any requested information in connection with this assistance. I further authorize the Department of the Air Force, or any agency, to supply my latest home address or duty assignment to the Air Force Aid Society whenever requested.

I understand that:

- a. the solicitation of this information is authorized by 10 USC 8012;
- b. the disclosure of this information on my application is voluntary;
- c. all information requested will be used only for determining eligibility for and administration of a loan;
- d. the failure to provide all requested information may result in disapproval of this application;
- e. these funds will not be used to fund an abortion or for any expenses related to an abortion to include travel;
- f. these funds will not replace funds lost by fines or garnishments;
- g. these funds will be used for the purpose requested;

I authorize the AFAS to investigate my credit record and, in the administration and collection of this loan, furnish information concerning this loan to National Credit Bureaus and others who may properly receive this information. **I certify that the information provided on this application is complete, true and correct.**

Signature _____

Date _____

Headquarters AFAS Approval Number: _____

Explanation of Situation for Standard Emergency Assistance:

Please explain in your own words why you need assistance (be specific.)