

# 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 Years Service:	Title 10 Reserve Activation Dates: _____ to _____	Title 10 Guard Activation Dates: _____ to _____	Retiree Date Retired:	Widow 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? _____ yes _____ 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	Age	Relationship

**\*Falcon Loan:** This streamlined Emergency Assistance loan up to \$750, 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.** Falcon loan must be repaid in 10 months or by ETS if less than 10 months. If your need exceeds \$750, 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:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Amount Requested:</b>	\$ _____

Explanation of Situation:

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

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 will 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: \_\_\_\_\_

(A) Monthly Family Income		Current	Projected	(B) Deductions		Current	Projected	(C) Monthly Expense		Current	Projected
Base Pay				Fed Taxes				Mortgage			
BAS				State Taxes				Rent			
BAH				FICA-Soc Sec				Electricity/Gas			
OHA				FICA-Medicare				Child Spt/Alimony			
COLA				SGLI				Water/Garbage			
Special Pay				Family SGLI				Renters/Home Ins			
Hazardous Duty Pay				Other Life Ins				Other Insurance			
Family Separation Pay				Dental Ins				Cell Phone			
Military Retirement Pay				TSP				Home Phone			
VA Disability Income				AFAS Loan				Cable TV			
Social Security Income				Repay Advance				Internet			
Spouse's Net Income				Other				Groceries			
Child Support/Alimony				<b>Total Deduct (B)</b>	\$	\$		Lunches			
Part Time Net Income								Meals Out			
Rental Income								Clothing			
WIC/Food Stamps								Household Supplies			
SBP/DIC								Laundry/Dry Clean			
Other income								Child Care			
<b>Total Family Income (A)</b>	\$	\$						Education Exp			
								Vehicle Gas/Oil			
<b>(D) Indebtedness</b>								Vehicle Maint			
<b>Name of Loans/</b>	<b>Due</b>	<b>Current</b>	<b>Payment</b>	<b>Past Due</b>	<b>Interest</b>			Vehicle Insurance			
<b>Credit Cards/Debts</b>	<b>Date</b>	<b>Balance</b>	<b>Amount</b>	<b>Amount</b>	<b>Rate</b>			Medical/Dental Exp			
								Postage			
								Holiday/B'day Gifts			
								Pet Expenses			
								Haircuts/Personal			
								Church/Charity			
								Recreation/Ent			
								Hobbies			
								News/Books/Mags			
								CDs/Movies			
								Dues			
								Cigarettes/Alcohol			
<b>Total Indebtedness (D)</b>		\$	\$		\$			Spending Money			
								Miscellaneous			
Date last pay received _____								Savings			
Amount \$ _____								Investments			
								<b>Total Expenses (C)</b>	\$	\$	
My next pay will be on _____											
Amount \$ _____											
My dependents and I have \$ _____ on hand or in the bank.											

<b>Total Monthly Income (A)</b>	\$	\$
<b>Expenses/Deductions/Debts (B+C+D=E)</b>	\$	\$
<b>Surplus/Deficit (A-E)</b>	\$	\$

Collection Accounts? Yes \_\_\_ No \_\_\_  
 Bankruptcy? Yes \_\_\_ No \_\_\_  
 Pay Problems? Yes \_\_\_ No \_\_\_  
 Bad Checks? Yes \_\_\_ No \_\_\_  
 Garnishments? Yes \_\_\_ No \_\_\_  
 Government Debt? Yes \_\_\_ No \_\_\_  
 Foreclosure? Yes \_\_\_ No \_\_\_

**Assets:**  
 Vehicle (Yr. and Make) \_\_\_\_\_  
 Vehicle (Yr. and Make) \_\_\_\_\_  
 Vehicle (Yr. and Make) \_\_\_\_\_