

APPLICATION FOR AIR FORCE AID SOCIETY FINANCIAL ASSISTANCE

(Enter this demographic information whether applying for Falcon Loan or standard AFAS assistance)

Last Name _____ First Name _____ MI _____

Last 4 SSN _____ Rank _____ ETS _____ If spouse, POA Yes _____ No _____

Base _____ Unit _____

Permanent Address _____ Email _____ Phone _____

Active Duty _____ Air National Guard under Title 10 U.S.C. _____ Air Force Reserve under Title 10 U.S.C. _____

Retiree _____ Widow(er) _____ (Retiree or Widow(er) NOT eligible for Falcon Loans)

If you are applying for an AFAS Falcon Loan complete both shaded areas below

Falcon Loan: This streamlined loan service is available on Air Force bases to active duty AF personnel to include activated Reserve/Guard under Title 10 U.S.C. for the following emergency needs up to \$500. Loan must be repaid within 10 months, or by ETS if less than 10 months.

Enter need(s):

\$ _____ Basic Living Expenses (rent, mortgage, food, phone, utilities, gasoline)

\$ _____ Vehicle expenses (payment, repair, insurance)

\$ _____ Emergency travel

\$ _____ Medical, dental



Total amount requested \$ _____ Repayment \$ _____ for _____ months. (Must be 3 or more)

If your request exceeds \$500, is for a purpose other than one listed above, you currently have an AFAS loan, are under Chapter 13 bankruptcy, or are pending separation from the Air Force, complete the remainder of this application including the reverse side of this form to request AFAS assistance under the standard application process.

List Specific Needs	Amount	Explanation:
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:	\$ _____	_____

APPLICANT'S CERTIFICATION

Must be completed by all applicants

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:

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

Date

Signature of Air Force Aid Society Official

Date

Name of HQ AFAS Approval Official (if applicable) _____ Approval Number _____

A. Monthly Family Income				Current	Projected	B. Monthly Family Budget				Current	Projected
1.	Base Pay					25.	Social Security (FICA)				
2.	Basic Allowance for Subsistence (BAS)					26.	Withholding Income Tax (Federal)				
3.	Basic Allowance for Housing (BAH)					27.	Withholding Income Tax (State)				
4.	Overseas Housing Allowance (OHA)					28.	Medicare				
5.	Cost of Living Allowance (COLA)					29.	Alimony / Child Support (Paid)				
6.	Family Separation Allowance					30.	Deployed Member Expenses				
7.	Flight, Pro Pay					31.	Charitable Contributions				
8.	Military Retirement Pay					32.	Rent / Mortgage				
9.	VA Disability Income					33.	Utilities				
10.	SBP					34.	Telephone				
11.	Social Security Benefits					35.	Cable / Internet				
12.	Svc Member Outside Earnings					36.	Food / Household Supplies				
13.	Spouse Earnings (Net)					37.	Clothing				
14.	Child Support Received					38.	Life Insurance / SGLI / USSAH				
15.	Food Stamps / WIC					39.	Household / Personal Property Insurance				
16.	Fed / State Subsidies					40.	Vehicle Insurance				
17.	Other VA Benefits					41.	Vehicle Gas / Maintenance				
18.	Interest / Dividends					42.	Child Care				
19.	Rental Income					43.	Savings				
20.	Other (Specify)					44.	Recreation / Entertainment				
21.						45.	VEAP / School Expense				
22.						46.	Medical / Dental				
23.						47.	Personal Needs / Other				
24.	TOTAL FAMILY INCOME (A)					48.	TOTAL FAMILY BUDGET (B)				

C. Indebtedness				
	Creditor	Balance	Past Due	Monthly Payment
49.				
50.				
51.				
52.				
53.				
54.				
55.				
56.				
57.				
Additional debts may be listed on a separate sheet and added to total indebtedness below				
58.	TOTAL INDEBTEDNESS (C)			

Date last pay received _____
 Amount \$ _____
 My next pay will be on _____
 Amount \$ _____
 My dependents and I have \$ _____
 on hand or in the bank.

A. Total Monthly Income	
D. Total Monthly Expenses (B+C=D)	
Net (A - D)	
Surplus	<input type="checkbox"/>
Deficit	<input type="checkbox"/>

Complete each item below that applies

Last Name _____ Last 4 SSN _____ Years of service _____ Months at Base _____ DEROS _____

Spouse's Name _____ Spouse Active Duty? _____ Date of Marriage _____ Referred by _____

Branch of Service _____ Separation Pending? _____ Retired _____ Date of Retirement _____ Widow(er) _____ Date Deceased _____

Dependent Children: _____ Others Living in Household: _____

Age _____ Age _____ Age _____ Relationship _____ Age _____ Home/Cell Phone _____

Age _____ Age _____ Age _____ Relationship _____ Age _____ Duty Phone _____

Collection Accounts? _____ Bankruptcy? _____ Pay problems? _____ Bad checks? _____ Garnishments? _____ Government debt? _____ Foreclosure? _____

ASSETS: Vehicle (Yr. and Make) _____ Vehicle (Yr. and Make) _____ Savings \$ _____