

AFZC-PA-ACS		ASSISTANCE RECORD			DATE OPENED
PRIVACY ACT STATEMENT THE PERSONAL INFORMATION REQUESTED ON THIS FORM INCLUDING THE SSN, IS SOLICITED UNDER THE AUTHORITY 10 USC 3012 AND EXECUTIVE ORDER 9397. THE INFORMATION WILL BE USED IN CONNECTION WITH THE COUNSELING AND ASSISTANCE YOU AND YOUR FAMILY DESIRE. THE SSN WILL BE USED ONLY TO INSURE ACCURATE IDENTIFICATION, SOME OF THE DATA MAY BE COMMUNICATED TO GOVERNMENTAL AND COMMUNITY SERVICES ORGANIZATIONS, BOTH-ON AND OFF-POST, IN ORDER TO ASSIST YOU IN RESOLVING YOUR PROBLEM(S). DISCLOSURE IS VOLUNTARY, BUT FAILURE TO DISCLOSE THE INFORMATION WOULD MAKE IT DIFFICULT, IF NOT IMPOSSIBLE, TO ASSIST YOU IN RESOLVING YOUR PROBLEM(S)					
SERVICE NAME (LAST, FIRST, MIDDLE INITIAL) (PLEASE PRINT)		GRADE	WIDOWER?	SSN	
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)			HOME PHONE		
MILITARY UNIT	RETIRED?	ETS DATE	PRESENT ORDERS	UNIT PHONE	DUTY PHONE
COMMANDER'S NAME		RANK	COMPLETE ADDRESS		PHONE NUMBER
MILITARY UNIT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)					
NEXT OF KIN OF SERVICE MEMBER	NAME	COMPLETE ADDRESS (INCLUDE ZIP CODE)			PHONE NUMBER
NEXT OF KIN SPOUSE	NAME	COMPLETE ADDRESS (INCLUDE ZIP CODE)			PHONE NUMBER
FAMILY MEMBERS					
NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP
SPOUSE'S FULL NAME		HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)			PHONE NUMBER
SSN	WIDOW?	POWER OF ATTORNEY?	MILITARY CARD NUMBER		
AER LOAN INFORMATION:					
AMOUNT OF AER REQUEST: \$					
PURPOSE OF LOAN:					
PAYMENT SCHEDULE:					
ALLOTMENT:			CASH PAYMENT:		
NATURE OF INQUIRY (CASE WORKER MUST SIGN EACH ENTRY)					
BUDGET COUNSELING?:	BANKRUPTCY?:	DISAPPROVALS	ETS DATE	WIDOW/WIDOWER	
OUTSTANDING AER LOAN BALANCE		COPY OF ORDERS	LETTER FROM UNIT COMMANDER		
COPY OF ORDERS:					
LETTER FROM COMMANDER: SIGNED BY UNIT COMMANDER AND FULL COLONEL:					
COPY OF LES:		LOAN?:	GRANT?:		
IF RETIRED, VERIFY WHERE MONIES COMES FROM:			COPY OF GOVERNMENT CARD-FOR ID		

AER FINANCIAL INFORMATION WORKSHEET

NAME: _____ DATE: _____

Address: _____ Zip _____

A: ENTITLEMENTS (LES)

B. DEDUCTIONS/ALLOTMENTS (LES):

Base Pay: \$ _____

Federal Taxes \$ _____

BAS (Separate Rations): _____

FICA-Social Security: _____

BAH: _____

FICA-Medicare: _____

COLA: _____

State Taxes: _____

Special Pay;(flight, etc) _____

SGLI: _____

Clothing Allowance: _____

AFRH: _____

Additional Family Income: _____

Dental: _____

Others: _____

Allotments(Total) _____

Others(Specify) _____

TOTAL: \$ _____

TOTAL: \$ _____

TOTAL NET INCOME(LES) (A - B) \$ _____

Budget (Average Monthly Payments)

Food: \$ _____

Car(s) Payments \$ _____

Rent or Mortgage Payment: _____
(Include taxes and Insurance)

Vehicle: _____
(gas, maintenance, Insurance, etc)

Utilities(gas, elect, water etc.) _____

Recreation: _____
(entertainment, social, etc)

Telephone: _____

Medical/Dental: _____

Household Supplies _____

Bankcard Payments _____

Clothing: _____

Gifts: _____
(special occasions, holidays, etc)

Incidentals: _____
(personal needs, dry cleaning, etc)

Alimony/Child Support _____

Other Regular Expenses: _____
(smoking, sports, hobbies etc)

Other Expenses _____
(allowances, donations, home repair, transportation, etc)

TOTAL MONTHLY PAYMENTS \$ _____

ASSETS:

Vehicle (Yr. Make) _____

TOTAL NET INCOME (LES) \$ _____

Vehicle (Yr. Make) _____

TOTAL MONTHLY PAYMENTS \$ _____

Real Estate _____

Savings: _____

Other: _____

NET: [] Surplus [] Deficit \$ _____

Expense Name	Monthly Amount	Notes
Personal:		
Books		
Magazines, Newspapers		
Tuition, Course Fees		
Barber, Hairdresser		
Toiletries and Cosmetics		
Postage, Stationery		
Recreation and Entertainment		
Movies, Plays, Concerts		
Cable		
Club Dues		
Alcoholic Beverages		
Tobacco		
Sporting Goods		
Vacation		
Allowances		
Donations		
Gifts:		
Birthdays		
Holidays		
All Other		
Savings		
Monthly Installments:		
Department Stores		
Bank Charge Cards		
Oil Companies		
Loans		
Other		
Miscellaneous:		
Alimony, Support Payments		
Total		