



Send this form to:

AEP Emergency Disaster Relief Fund, c/o The Salvation Army
966 East Main Street, Columbus, OH 43205

For additional information, contact:

(800)217-6029, Fax: (614)221-1896

aep_relief@use.salvationarmy.org

Application for Assistance

(Please print)

Name of AEP Employee/Retiree/Spouse

AEP Employee ID Number

If applicant is not an AEP employee, retiree or spouse, list relationship of applicant to AEP employee/retiree/spouse and reason for applying on behalf of the individual.

Use additional pages if necessary.

Number of people in household (including applicant)

Home Address

City/State/Zip

Home Phone (including area code)

Work Phone (including area code)

AEP Facility Name (if employed by AEP)

Facility Address

City/State/Zip

E-mail Address

What is the best way to contact you?

Amount of grant requested \$

Please provide a narrative description of the event (natural disaster or tragedy) that led to your request for help. Attach photos or news stories if applicable.

Use additional pages if necessary.

Please describe the needs that have resulted from the event.

Use additional pages if necessary.

Please itemize in detail the financial loss or expenses incurred. Attach copies of estimates, bills, statements or receipts where possible.

Use additional pages if necessary.

Please indicate your estimated annual family income:

- under \$25,000 \$25,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$100,000 over \$100,000

If other than applicant, please indicate the vendor(s) to whom check(s) should be made payable.

Name

Address

City/State/Zip

Account or invoice number if applicable. Use additional pages if necessary.

To help us best meet any current or future requests for assistance from your community, please list any agencies or groups you may have contacted for assistance. This information will be used by The Salvation Army to develop a database of services in your area.

Agency/Group	Phone Number	Contact Name
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I attest that the information furnished above is true to the best of my knowledge and that the grant for which I am applying will be used for needs that are not met by any other source of assistance.

Signature of Employee/Retiree/Spouse Date

The Salvation Army will keep all information shared in this application strictly confidential. The Salvation Army will contact the designated AEP representative in the Human Resources Service Center for the sole purpose of verifying employment or retirement status. No additional information from this application will be shared with AEP unless approved by the applicant.