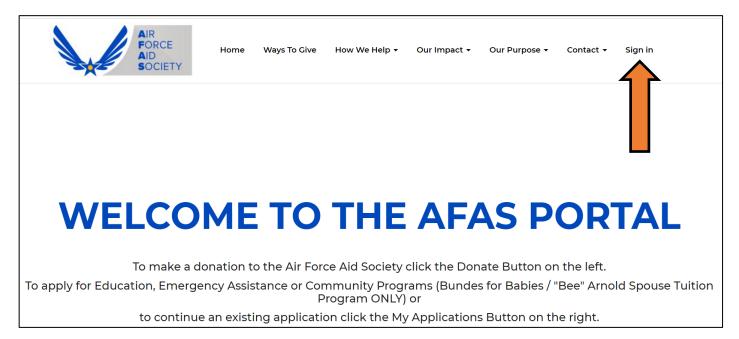


# AFAS "Falcon Assistance" Application Instructions Using the AFAS Member Portal



AFAS Falcon Assistance Application Instructions p.1

- 1. Access the Air Force Aid Society Member Portal
  - Go to: <u>https://portal.afas.org</u>
  - Click Sign In



#### 2. Sign In Tab

- > If you previously registered for an account, you may Sign In with your Email and Password
- If you never registered for an account, you can create an account by selecting the Register tab and following the instructions (See information on next page)

*Note:* You may need to reset your password or call 703-972-2604 for an AFAS Team Member to unlock your account if it does not allow you to proceed

	Sign in	Register	
	Welcome to ou	ur new Air F	Force Aid Society portal!
	MEMBER, GRA	NDPAREN	LL EMERGENCY TRAVEL FINANCIAL ASSISTANCE REQUIRED DUE TO SERIOUS ILLNESS/DEATH OF AN IMMEDIATE FAMILY T OR OTHER FAMILY RELATIONSHIP WILL BE PROCESSED THROUGH THE AMERICAN RED CROSS (ARC). PLEASE CONTACT THE DR IMMEDIATE ASSISTANCE.
	create your acc	count and l	o to manage your relationship with the Air Force Aid Society, the official charity supporting US Airmen and Space Guardians. Once you og in, you will be able to view your donation history, set-up and manage your recurring gift, apply for an education grant, apply for manage your education or emergency assistance loans.
	If this is your fi	irst time ac	cessing the portal, please navigate to the "Register" tab above to set up your account.
	lf you have any	y issues plea	ase contact the following for support:
	For issues appl	lying for Ed	s, please contact the Donation Team: <u>donations@afas-hq.org</u> lucation Assistance, please contact the Education Team: <u>education@afas-hq.org</u> nergency Assistance, please contact the Emergency Assistance Team: <u>ea@afas-hq.org</u> or <u>Click Here</u>
:	Sign In		
		Email	
	* P	assword	
			Remember me?
			Sign in Forgot your password?

#### 3. Register Tab – Creating a new account

Enter your Personal Email, create a Password & Confirm password, enter the code from the image on your screen, and then click **Register** 

*Note*: **Do not** use your ".mil" or ".edu" email as you may not receive important emails regarding your application

Sign in Register	
	.mil" email address to register. You may not receive important email notifications if you do so. If you receive a message that your ema please return to the "Sign in" tab and use the password reset button at the bottom of the screen to generate a password for your
ccount.	
legister an accou	int
* Email	
* Password	
* Confirm password	
	PG/FPBM
	<u>Generate a new image</u>
	Play the audio code
	Enter the code from the image
	Register

If you receive a message indicating "the username/Email is already taken", you may have already registered. Click on the Sign In tab and enter your Email and Password to continue to the application. If you do not remember your password, click on the Forgot your password? button and follow the instructions to request a password reset

## > Profile screen - enter the required information on this page and then click Update

John Snuffy	Your information	
	Title *	E-mail/Username
Profile	Amn 🗙 Q	johnsnuffy80@gmail.com
Conation History	First Name *	Business Phone
ecurring Donations	John	703-972-2604
ly Applications	Middle Name	
Security		
hange password	Last Name * Snuffy	
	Address Street 1	Address 1: State/Province
	1550 Crystal Drive	٩
	Street 2	ZIP/Postal Code
	Street 2	ZIP/Postal Code 22202
	Street 2	

> Once complete, you should be taken back to the Sign in / Register screen and be able to Sign In

## 4. Create An Application

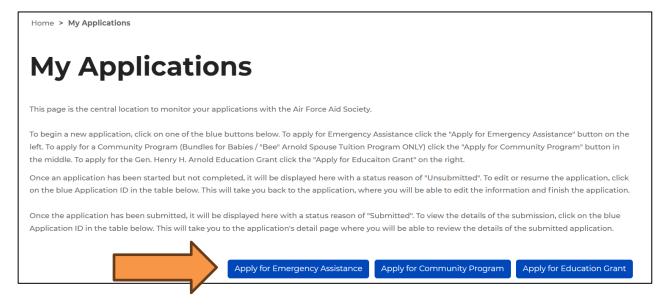
Sign In to your account to start an application. (Select the Sign In tab, enter your Email and Password)

┥┟──	
Sign in	Register
Welcome to ou	ur new Air Force Aid Society portal!
-	e-stop shop to manage your relationship with the Air Force Aid Society, the official charity supporting US Airmen count and log in, you will be able to view your donation history, set-up and manage your recurring gift, apply for a

## Click on My Applications

WELCOME TO 1	THE AFAS PORTAL
To make a donation to the Air Force A	Aid Society click the Donate Button on the left.
	unity Programs (Bundes for Babies / "Bee" Arnold Spouse Tuition ram ONLY) or
to continue an existing application of	lick the My Applications Button on the right.
Donate	My Applications

Click on Apply for Emergency Assistance



Select Falcon Assistance for the assistance you are applying for in the drop-down menu

alcon Assistance - Financial needs based emergency assistance up to \$1500 for: basic living expenses including rent/mortgage, food, phone, utilities and oline; emergency travel (for any family relationship); child care, medical and dental needs; vehicle insurance, payment/registration, vehicle repair. Loans proved under a Falcon Assistance must be repaid in 15 months or by ETS if less than 15 months. If your need exceeds \$1500, does not fall into one of the egories above, or you are repaying a loan to AFAS, pending separation, or are under Chapter 13 bankruptcy, apply for Standard Assistance.	
Standard Assistance - Financial needs based emergency assistance to help with: basic living expenses such as rent or utility bills, medical or dental care, eral expenses, vehicle repairs, travel emergencies, pet PCS transportation, special needs, disasters, assistance to surviving dependents, other categories o id. A budget is required, as well as proof of debt.	c.
Which type of emergency assistance are you applying for? *	

> Next, select the **Eligibility Category** which pertains to you and then click **Submit** to begin your application

*Note:* The system **will not** allow you to apply if you do not fall under any of the eligibility categories

*Note:* Active-Duty Air Force/Space Force members assigned to any other type of installation, organization, or Geographically Separated Unit (GSU) <u>can</u> apply for assistance using the "Active-Duty Air Force/Space Force member assigned to an Air Force/Space Force installation" eligibility category

Select the eligibility category which pe	ertains to you	
O Active-Duty Air Force/Space Force me	mber assigned to an Air Force/Space Force installation	
O Spouse of an active-duty Air Force/Spa	ace Force member with a Power of Attorney (POA)	
Air National Guard or Air Force Reserve	e member	
O Spouse of an Air National Guard or Air	Force Reserve member with a Power of Attorney (POA)	
Air Force Retiree		
O Spouse of an Air Force Retiree with a P	Power of Attorney (POA)	
Widow or widower of an Air Force Reti	iree	
Dependent family member (enrolled i	n DEERS) of Air Force/Space Force member who died on active duty	
O Other military service member (Army,	Coast Guard, Marines, Navy)	
O None of the above		

Step 1: Applicant Information page – Fill in the required information and then click Save and Continue Note: All fields with an asterisk (\*) are mandatory and must be completed to continue to the next screen

A		CATION
A	PPLN	CATION
1 Applicant Information 2 Military Member Inform	nation 3 Requested	Aasistance Details 4 Dependenta 5 Regulirementa
6 Disbursement Method		
pplicant Information		Contact Information
SSN (with dashes) *		Personal Email Address *
		This email must be the one that you logged in with, if you would
DODID		to change it please do so on your profile page.
bobib		
		Work Email Address
First Name *		
		Phone Number Type *
Middle Initial		Select
		Work Phone (no dashes)
Last Name *		Provide a telephone number
Suffix		
	٩	Home Address
		Address Line 1*
Date of Birth (Format: MM/DD/YYYY) * MM/DD/YYYY	_	
MMUDUTITY	-	Address Line 2
Military Member is Applicant		
O No # Yes		City *
		State/Province *
		ZIp Code *
		EEOC Voluntary Self Identification Ques
		Gender: (Please check one of the options below) Select
		Race/Ethnicity: (Please check one of the descriptions below
		corresponding to the ethnic group with which you identify)
		Copy and paste this link https://sfasportaldev.powerappsportals.com/seoc-descriptions/
		new browser for definitions of the race and ethnicity categories
		Select
		Please select household income range: (Participation will have no bearing on assistance determination)
		Select

Step 2: Military Member Information page – Fill in the required information and then click Save and Continue

*Note:* First Sergeant name and contact information is mandatory. AFAS reserves the right to contact your First Sergeant if/when necessary

	PPLIC	CATION
1 Applicant Information 🖌 2 Military Member Infor	mation 3 Requeste	ed Assistance Details 4 Dependents 5 Requirements
6 Disbursement Method		
filitary Member Information		Contact Information
SSN (with dashes) *		Personal Email Address *
		Please enter a personal email address, mil email addresses will not
DODID		be accepted
		Work Fmail Address *
First Name "		WORK ETHIL AGUICES
		Phone Number Type *
Middle Initial		Mobile Phone
		Mobile Phone (no dashes) *
Last Name *		Mobile Prione (no dasnes) *
Suffix		Work Phone (no dashes) *
	=	Unit Name *
lilitary Information		Street
Ailitary Information		Street
	~	Street Duty Station/Base *
	~	
Miltary Branch *	~	Duty Station/Base *
Military Branch *		Duty Station/Base *
Military Branch * 		Duty Station/Base *
Military Branch *	~	Duty Station/Base *
Military Branch *	~	Duty Station/Base *
Military Branch *	~	Duty Station/Base *
Military Branch *	~	Duty Station/Base *
Military Branch *	~	Duty Station/Base *
Military Branch *	~	Duty Station/Base * Q City * City * City * City Code * Q Unit Phone Number (no dashes) *
Military Branch *	~	Duty Station/Base *  City *  State/Province *  Q  Zip Code *  Unit Phone Number (no dashes) *  Provide a telephone number  Fitst Sergeant *  ARAG researes the tight in contact your Military & Parrily PaseIness
Military Branch *	~	Duty Station/Base *  City *  City *  State/Province *  Zip Code *  Unit Phone Number (no dashes) *  Provide a telephone number  First Sergeant *
Military Branch *	~	Duty Station/Base *  City *  State/Province *  Zip Code *  Unit Phone Number (no dashes) *  First Sergeant *  ARAG means the right to contact your Military & Family Readiness (MASRC], First Sergeant, or leadership if varranied.
Military Branch *	~	Duty Station/Base *  City *  State/Province *  Q  Zip Code *  Unit Phone Number (no dashes) *  Provide a telephone number  Fitst Sergeant *  ARAG researes the tight in contact your Military & Parrily PaseIness
Military Branch *	~	Duty Station/Base *  City *  City *  State/Province *  Zip Code *  Unit Phone Number (no dashes) *  Provide a telephone number  First Sergeant, or headenship if verranted.  First Sergeant, or headenship if verranted.  First Sergeant Phone Number (no dashes) *  Provide a telephone number
Military Branch *	~	Duty Station/Base *  City *  City *  State/Province *  Zip Code *  Unit Phone Number (no dashes) *  First Sergeant *  AFAG reserves the right to contact your Military & Earnly Fiesdness (MdERC), Erst Sergeant, or leadership if verranisd.  First Sergeant Phone Number (no dashes) *

#### Step 3: Requested Assistance Details page

• Click on the blue **Add Requested Item** button on the right-side to select specific categories of need and the amounts needed. You may include multiple items in the same application

*Note:* AFAS provides assistance to help solve short-term needs. For assistance solving a longerterm need, please visit your local Military & Family Readiness Center. They can assist with basic budget counseling and provide additional resources

ant Information 🖌	2 Military Member Informat	ion 🖌 3 Requested Assistance Details	4 Dependents	5 Requirements	
bursement Method					
ne "Add Requested item"	icon, select a category and pr	ovide a description and a dollar amount.		Add Requested item	
equested Item Category	Requested Item				

- Under General, use the drop-down boxes to select specific needs. Provide additional information for your needs in the open box on the right Note: If selecting Miscellaneous in the Requested Item Subcategory drop down, the maximum amount allowable is \$300. Allowable examples include haircuts, diapers, cleaners (uniforms), etc.
- Once finished, click the blue **Submit** button

	🔁 Create		×
1 Applicant Infe	Create	Please provide more details on your specific needs for this requested item.	
6 Disbursemen	Submit		
Click the "Add Re Requested i			sated item
There are n	o records to display.		
Selected Assi Standard Ass			
Explanation o			
PROVIDE C	ONCISE, FACTS-BASED INFORMATION TO HELP HQ UN	IDERSTAND YOUR SITUTATIONA	
Previous	Save and Continue		

• When back on the **Requested Assistance Details page,** provide an **Explanation of Hardship** in the open box

*Note:* This should be clear and concise details about what caused the hardship and what is needed to achieve financial wellbeing. AFAS requires this information to better understand your specific situation

Applicant Information 🖌	2 Military Member Infor	mation 🖌 3 Requested Assistance Det	4 Dependents S Requiremen	its
Disbursement Method				
k the "Add Requested Item" is	con, select a category an	d provide a description and a dollar amount		uested its
Requested Item Category	Requested Item Subcategory	Description	Amount	
Basic Living Expenses	Food			\$100.00
Rent/Mortgage	Mortgage		\$	1,675.00
Utilities	Electric/Ces			\$215.00
Requested Total			\$1	990.00
Selected Assistance Type *				
Explanation of Hardship *				
PROVIDE CONCISE, FACT	S-BASED INFORMATIO	N TO HELP HQ UNDERSTAND YOUR SITU	JTATIONA	

• If you need to *change* or *delete* one of your requested items, click the **blue down arrow** next to the dollar amount for that item

EM		NCY ASSISTA	NCE	
Applicant Information 🖌	2 Military Member Informa	tion 🖌 3 Requested Assistance Details 4 Dependents	5 Requirements	
Disbursement Method				
k the "Add Requested Item" i	icon, select a category and p	rovide a description and a dollar amount.	Add Requested Iten	n
Requested Item Category	Requested Item Subcategory	Description	Amount	
Basic Living Expenses	Food		\$100.00	
Rent/Mortgage	Mortgage		\$1,675.00	Edit Requested Item
Utilities	Electric/Gas		\$215.00	Delete Requested Item
Requested Total			\$1,990.00	
Selected Assistance Type *				
Explanation of Hardship *				
PROVIDE CONCISE, FACT	IS-BASED INFORMATION	TO HELP HQ UNDERSTAND YOUR SITUTATIONA		
				11

• Once all requested items have been entered and verified, review all categories and amounts to verify they are correct, then click **Save and Continue** 

#### **Step 4: Dependents page**

- If you have any dependents, click Add Dependent to provide their details.
   *Note:* Please include all dependent names, Date of Birth (DOB), and your relationship as reflected in the Defense Eligibility Reporting System (DEERS). This information may be verified.
- Once you have entered any dependents, or if you do not have any dependents, click Save and Continue

plicant Information 🖌 2 Milli	tary Member Information 🖌 3 Re	quested Assistance Details 🖌	4 Dependents 5 Requ	irements
sbursement Method				
ch dependent, click "Add Depend	dent" and complete the Name, Relation	onship, and Date of Birth fields. C	ontinue until all your depend	
ch dependent, click "Add Depend	lent" and complete the Name, Relation	onship, and Date of Birth fields. C	ontinue until all your depen	dents are listed. Add Dependent
ch dependent, click "Add Depend	dent" and complete the Name, Relation Relationship	onship, and Date of Birth fields. C Date of Birth	ontinue until all your dependention on the second sec	

#### **Step 5: Requirements page**

 Click on each blue box on the right and upload a copy of the Required Documents *Note:* These documents are required by the system and *must* be attached before submitting your application (Documents required are based on your requested items). Although these documents are limited, an AFAS Team Member may request additional documentation if needed

1 Applicant Information 🖌	2 Military Member Information 🖌	3 Requested Assistance Details 🖌 4 Dep	pendents 🖌 5 Requireme
6 Disbursement Method	2 Mintary Member Midmiation		
		side of the table and in the new window click t	the choose file button to selec
that corresponds with the Doc Document Type 4	cument Name that you selected and clic Description	submit.	Received Date
Mortgage Payment Bill/L	ender Letter	Pending	
Military ID (Front and Bad	ck)	Pending	
Leave and Earning Stater	ment (LES)	Pending	
Electric/Gas Invoice/Bill		Pending	

#### Step 6: Disbursement Method page

• Select how you would like to receive your disbursement, either through **Zelle** or **Bank ACH** 

<b>Zelle</b> To use Zelle, you must register through your bank and select the <b>Zelle Identifier Type</b> . It is either a stateside phone number (entered without dashes) or a personal email synced to your stateside bank account.	Bank ACH If Bank ACH is elected, fill out the Bank Name, Routing Number and Account Number. Funds will be deposited directly into this account.
1 Applicant Information       2 Military Member Information       3 Requested Assistance Details         6 Disbursement Method         Enroll today in the Zelle payment platform to direct deposit approved emergency assistance funds into your account! Click Here to learn more.         Disbursement Method*         Zelle         Zelle         Previous         Save and Continue	1 Applicant Information       2 Military Member Information       3 Requested Assistance Details         6 Disbursement Method         Enroll today in the Zelle payment platform to direct deposit approved emergency assistance funds into your account? Click Here to learn more.         Disbursement Method*         Bank ACH          Bank Name*

o Once you have entered and verified your Disbursement Method, click Save and Continue

#### **Final Steps to Submit Your Application to AFAS**

- 1. Please read the *Terms of Agreement* and then **check the box** indicating you understand and accept these terms
- 2. Select your Marketing Preferences for how you would like to be contacted
- 3. Once you have completed the 2 steps above, click **Submit** to send your application to AFAS for processing



#### **ADDITIONAL INFORMATION**

#### > You will receive the following verification email:

Your Emergency Assistance Application has been Submitted Dear Your application has been submitted to HQ Air Force Aid Society (AFAS) located in Arlington, VA, on 09/02/2022 and is being processed. You will receive an e-mail notification if additional information or an appointment with a representative is required. Should AFAS need to call you to discuss your case further, phone calls will have an area code of (703) or (571). Air Force Aid Society Emergency Assistance Department ea@afas-hq.org (703) 972-2604 FAX: (866) 896-5637

If your application is approved, you will receive an email with an attachment which requires your signature. This signed document must be returned before AFAS can distribute any approved funds

Options 🗸		rgency Assistance Contract (Allo K FOKCE AID SOCIE I Y		ACI	Next required	i field 2
		MEMBER/APPLICANT INFORMATION				
	MEMBER John Snuffy		MEMBER # CON-278900	LAST 4 OF SSN 1234		
	APPLICANT John Snuffy		RELATIONSHIP Member			
	DISBURSEMENT INFORMATION					
	CASE # EA-2024-142107	PREVIOUS BALANCE	NEW LOAN \$1,640.00	NEW LOAN BALANCE \$1,640.00		
	MONTHLY REPAYMENT TERMS					
Start	PAYMENT AMOUNT \$164.00	PAYMENT METHOD Allotment	# MONTHS 10	START DATE 9/15/2024		
	LOAN DISBURSEMENT – PROMISSORY NOTE I acknowledge receipt of \$1,640.00 from the Air Force Aid Society as an interest free (0%) loan and I promise to repay this loan in full according to the monthly repayment terms outlined above. I authorize AFAS to start an allotment in accordance with the allotment terms outlined above.					
		, I acknowledge that I have read and agree to or details on our privacy practices.	o the Adobe <u>Terms of Use</u> , See	Continue		

#### Having difficulty with your application or have questions?

Contact AFAS at 703-972-2604 or email ea@afas-hq.org for assistance.

#### > What Happens Next?

- Your application will be assigned to an AFAS Caseworker through our corporate office in Arlington, VA.
   It will be reviewed as quickly as possible to assess your financial need
- Ensure you answer any calls you receive from area codes 703 or 571 as your Caseworker may be trying to contact you for additional information regarding your case
- Also, be sure to check your email as the Caseworker may send you messages regarding your case. You
  may also want to check your Junk/Spam folders for updates as well
- If financial assistance is approved, you will receive an email with an attachment which requires your signature acknowledging concurrence of repayment agreement or grant as shown above. You must return the document before AFAS can proceed with distribution of approved funds. This email is sent using Adobe Sign. Please be sure to monitor your Inbox, Junk/Spam folders