

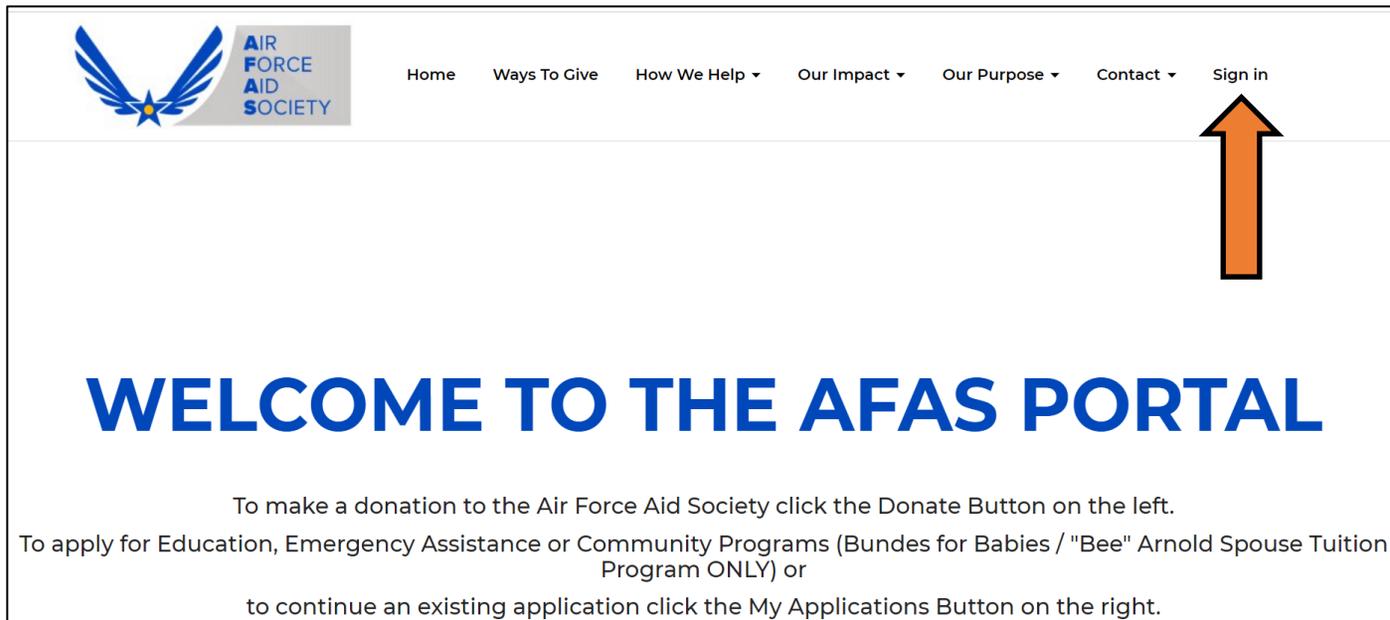


AFAS Spouse “Standard Assistance” Application Instructions Using the AFAS Member Portal



1. Access the Air Force Aid Society Member Portal

- Go to: <https://portal.afas.org>
- 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 our new Air Force Aid Society portal!

EMERGENCY TRAVEL – ALL EMERGENCY TRAVEL FINANCIAL ASSISTANCE REQUIRED DUE TO SERIOUS ILLNESS/DEATH OF AN IMMEDIATE FAMILY MEMBER, GRANDPARENT OR OTHER FAMILY RELATIONSHIP WILL BE PROCESSED THROUGH THE AMERICAN RED CROSS (ARC). PLEASE CONTACT THE ARC AT 1-877-272-7337 FOR IMMEDIATE ASSISTANCE.

This is your one-stop shop to manage your relationship with the Air Force Aid Society, the official charity supporting US Airmen and Space Guardians. Once you create your account and log in, you will be able to view your donation history, set-up and manage your recurring gift, apply for an education grant, apply for emergency assistance, or manage your education or emergency assistance loans.

If this is your first time accessing the portal, please navigate to the "Register" tab above to set up your account.

If you have any issues please contact the following for support:

For issues with Donations, please contact the Donation Team: donations@afas-hq.org
For issues applying for Education Assistance, please contact the Education Team: education@afas-hq.org
For issues applying for Emergency Assistance, please contact the Emergency Assistance Team: ea@afas-hq.org or [Click Here](#)

Sign In

Email

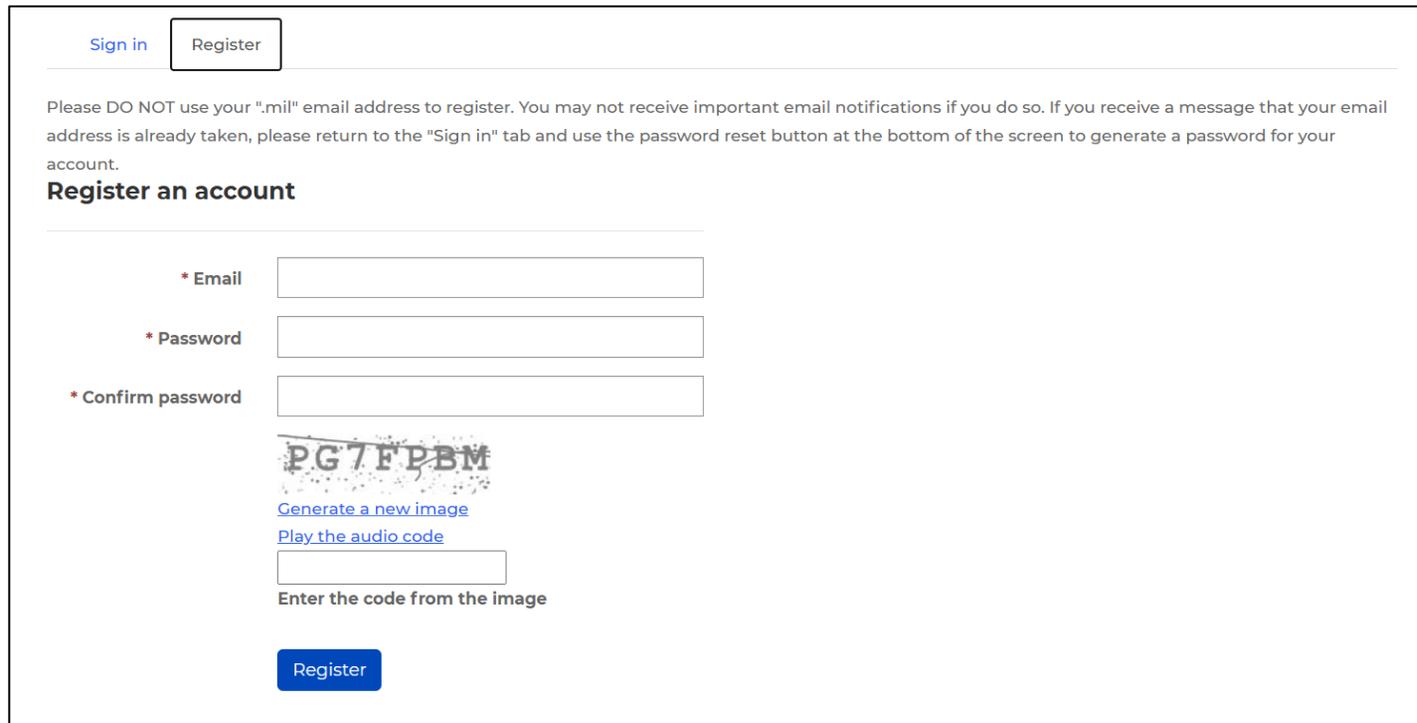
* Password

Remember me?

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



The screenshot shows a web interface for creating an account. At the top, there are two tabs: "Sign in" and "Register", with "Register" being the active tab. Below the tabs is a warning message: "Please DO NOT use your ".mil" email address to register. You may not receive important email notifications if you do so. If you receive a message that your email address is already taken, 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 account." Below this is the heading "Register an account". The form contains three input fields: "* Email", "* Password", and "* Confirm password". Below these is a CAPTCHA image showing the code "PG7FPBM". There are two links: "Generate a new image" and "Play the audio code". Below the CAPTCHA is an input field for the code, with the label "Enter the code from the image". At the bottom of the form is a blue "Register" button.

- 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**

Please provide some information about yourself. Please DO NOT use your ".mil" email address as your username/primary email. You may not receive important email notifications if you do so.

Your information

Title *	<input type="text" value="Amn"/>	<input type="button" value="x"/>	<input type="button" value="Q"/>	E-mail/Username	<input type="text" value="johnsnuffy80@gmail.com"/>
First Name *	<input type="text" value="John"/>			Business Phone	<input type="text" value="703-972-2604"/>
Middle Name	<input type="text"/>				
Last Name *	<input type="text" value="Snuffy"/>				

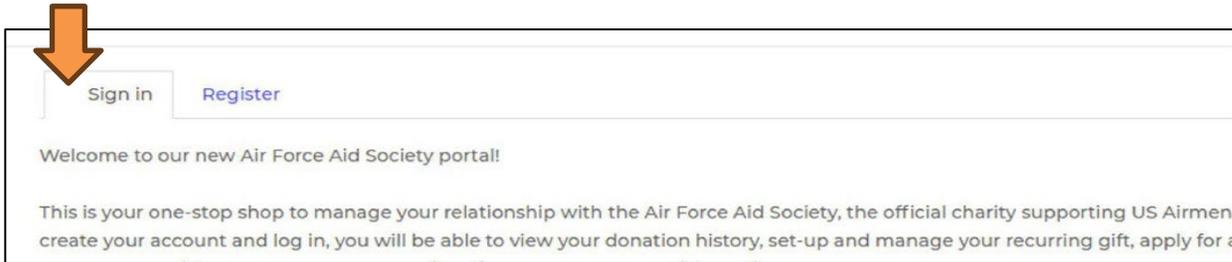
Address

Street 1	<input type="text" value="1550 Crystal Drive"/>	Address 1: State/Province	<input type="text"/>	<input type="button" value="Q"/>
Street 2	<input type="text"/>	ZIP/Postal Code	<input type="text" value="22202"/>	
City	<input type="text" value="Arlington"/>	Address 1: Country/Region	<input type="text" value="United States"/>	

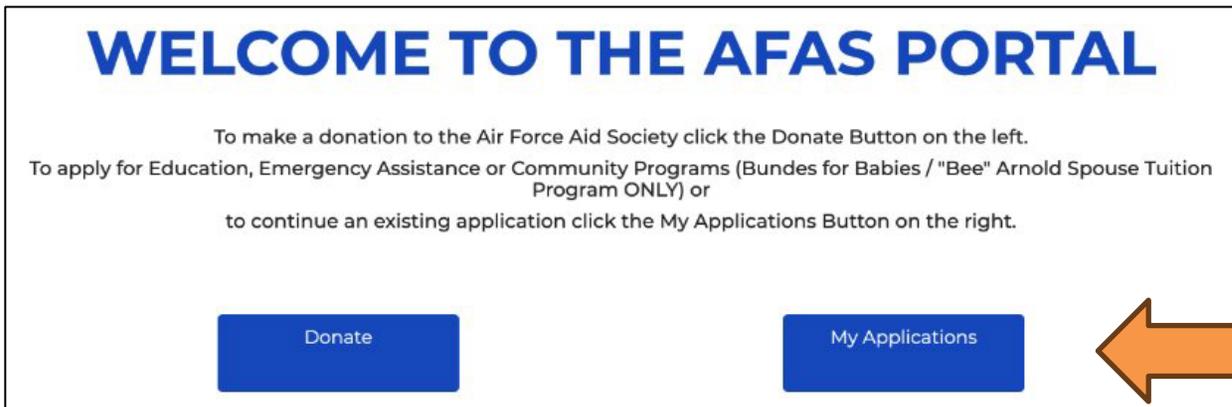
- Once complete, you should be taken back to the **Sign in / Register** screen and be able to **Sign In**

4. Create An Application

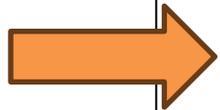
- **Sign In** to your account to start an application. (Select the **Sign In** tab, enter your **Email** and **Password**)



- Click on **My Applications**



- 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*



Which type of emergency assistance are you applying for? *

Standard Assistance

Select the eligibility category which pertains to you

- Active-Duty Air Force/Space Force member assigned to an Air Force/Space Force installation
- Spouse of an active-duty Air Force/Space Force member with a Power of Attorney (POA)
- Air National Guard or Air Force Reserve member
- Spouse of an Air National Guard or Air Force Reserve member with a Power of Attorney (POA)
- Air Force Retiree
- Spouse of an Air Force Retiree with a Power of Attorney (POA)
- Widow or widower of an Air Force Retiree
- Dependent family member (enrolled in DEERS) of Air Force/Space Force member who died on active duty
- Other military service member (Army, Coast Guard, Marines, Navy)
- None of the above

Submit

➤ **Step 1: Applicant Information page**

- Fill in the required information

Note: All fields with an asterisk (*) are mandatory and must be completed to continue

The screenshot shows a web application interface for the AFAS Spouse Standard Assistance application. At the top, there is a navigation bar with six steps: 1 Applicant Information (highlighted in blue), 2 Military Member Information, 3 Requested Assistance Details, 4 Dependents, 5 Requirements, and 6 Disbursement Method. The main content area is divided into two columns. The left column is titled 'Applicant Information' and contains fields for SSN (with dashes) *, DODID, First Name *, Middle Initial, Last Name *, Suffix, and Date of Birth (Format: MM/DD/YYYY) *. The right column is titled 'Contact Information' and contains fields for Personal Email Address *, Work Email Address, Phone Number Type *, and Work Phone (no dashes). Below the contact information is a 'Home Address' section with fields for Address Line 1 *, Address Line 2, and City *. At the bottom left, there is a section for 'Military Member is Applicant' with radio buttons for 'No' (selected) and 'Yes'.

1 Applicant Information 2 Military Member Information 3 Requested Assistance Details 4 Dependents 5 Requirements
6 Disbursement Method

Applicant Information

SSN (with dashes) *

DODID

First Name *

Middle Initial

Last Name *

Suffix

Date of Birth (Format: MM/DD/YYYY) *

Military Member is Applicant
 No Yes

Contact Information

Personal Email Address *
This email must be the one that you logged in with, if you would like to change it please do so on your profile page.

Work Email Address

Phone Number Type *
Select

Work Phone (no dashes)
Provide a telephone number

Home Address

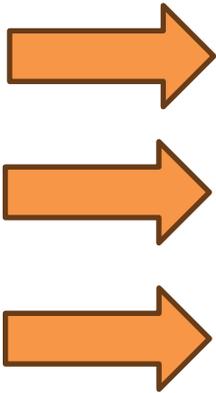
Address Line 1 *

Address Line 2

City *

- Select “**No**” under **Military Member is Applicant** section, then chose your **Relationship to Military Member** from the drop-down menu, and if you have a **Power of Attorney (POA)**

*Note: You **must** have a Power of Attorney to proceed. If you do not have a POA, contact the AFAS Team at 703-972-2604 to discuss next steps*



Military Member is Applicant
 No Yes

Relationship to Military Member *
Spouse

Do you have a power of attorney? *
Select

- When you have completed all the required fields on the page, click **Save and Continue**

- **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 the First Sergeant if/when necessary

The screenshot shows the 'EMERGENCY ASSISTANCE APPLICATION' form, specifically the '2 Military Member Information' step. The form is divided into several sections:

- Military Member Information:** Includes fields for SSN (with dashes), DODID, First Name, Middle Initial, Last Name, Suffix, and Date of Birth (Format: MM/DD/YYYY).
- Military Information:** Includes dropdown menus for Military Branch, Military Category, and Military Rank.
- Contact Information:** Includes fields for Personal Email Address, Work Email Address, Phone Number Type (Mobile Phone), Mobile Phone (no dashes), and Work Phone (no dashes).
- Unit Information:** Includes fields for Unit Name, Street, Duty Station/Base, City, State/Province, Zip Code, Unit Phone Number (no dashes), First Sergeant name, First Sergeant Phone Number (no dashes), and First Sergeant Email.

At the bottom of the form, there are two buttons: 'Previous' and 'Save and Continue'.

➤ **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 longer-term need, please visit your local Military & Family Readiness Center. They can assist with basic budget counseling and provide additional resources

EMERGENCY ASSISTANCE APPLICATION

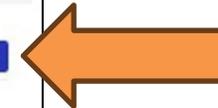
1 Applicant Information ✓ 2 Military Member Information ✓ 3 Requested Assistance Details 4 Dependents 5 Requirements 6 Disbursement Method

Click the "Add Requested Item" icon, select a category and provide a description and a dollar amount.

Add Requested Item

Requested Item Category ↑	Requested Item Subcategory	Description	Amount
There are no records to display.			

Selected Assistance Type *
Standard Assistance



- 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

The screenshot shows a 'Create' modal window with the following fields:

- Requested Item Category ***: A dropdown menu with the text 'Please select a value'.
- Requested Item Subcategory ***: A dropdown menu.
- Amount (Format: 0.00)**: A text input field.
- A large text area for providing details on specific needs, with the instruction: 'Please provide more details on your specific needs for this requested item.'
- A blue **Submit** button at the bottom left of the modal.

The background shows a partially visible form with sections for '1 Applicant info', '6 Disbursement', and 'Explanation of Hardship *' with a note: 'PROVIDE CONCISE, FACTS-BASED INFORMATION TO HELP HQ UNDERSTAND YOUR SITUATIONA'. At the bottom of the background form are 'Previous' and 'Save and Continue' buttons.

- 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

EMERGENCY ASSISTANCE APPLICATION

1 Applicant Information ✓ 2 Military Member Information ✓ 3 Requested Assistance Details 4 Dependents 5 Requirements 6 Disbursement Method

Click the "Add Requested Item" icon, select a category and provide a description and a dollar amount.

[Add Requested Item](#)

Requested Item Category	Requested Item Subcategory	Description	Amount
Basic Living Expenses	Food		\$100.00
Rent/Mortgage	Mortgage		\$1,675.00
Utilities	Electric/Gas		\$215.00
Requested Total			\$1,990.00

Selected Assistance Type *

Standard Assistance

Explanation of Hardship *

PROVIDE CONCISE, FACTS-BASED INFORMATION TO HELP HQ UNDERSTAND YOUR SITUATIONA

[Previous](#) [Save and Continue](#)

- 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

EMERGENCY ASSISTANCE APPLICATION

1 Applicant Information ✓ 2 Military Member Information ✓ 3 Requested Assistance Details 4 Dependents 5 Requirements 6 Disbursement Method

Click the "Add Requested Item" icon, select a category and provide a description and a dollar amount.

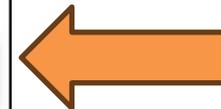
Add Requested Item

Requested Item Category	Requested Item Subcategory	Description	Amount	
Basic Living Expenses	Food		\$100.00	⌵
Rent/Mortgage	Mortgage		\$1,675.00	Edit Requested Item Delete Requested Item
Utilities	Electric/Gas		\$215.00	
Requested Total			\$1,990.00	

Selected Assistance Type *
Standard Assistance

Explanation of Hardship *
PROVIDE CONCISE, FACTS-BASED INFORMATION TO HELP HQ UNDERSTAND YOUR SITUATIONA

Previous Save and Continue



- 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**

EMERGENCY ASSISTANCE APPLICATION

1 Applicant Information ✓ 2 Military Member Information ✓ 3 Requested Assistance Details ✓ **4 Dependents** 5 Requirements

6 Disbursement Method

For each dependent, click "Add Dependent" and complete the Name, Relationship, and Date of Birth fields. Continue until all your dependents are listed.

Add Dependent

Name ↑	Relationship	Date of Birth	Age	
Toby	Spouse	1/11/1969	53	

Previous **Save and Continue**

➤ **Step 5: Requirements page**

- Click on each **blue box** on the right and upload a copy of the Required Documents

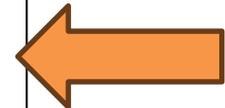
Note: These documents are required by the system and *must* be attached before submitting your application (Documents required are based on your requested items). Although these documents are limited, an AFAS Team Member may request additional documentation if needed

EMERGENCY ASSISTANCE APPLICATION

1 Applicant Information ✓ 2 Military Member Information ✓ 3 Requested Assistance Details ✓ 4 Dependents ✓ **5 Requirements** 6 Disbursement Method

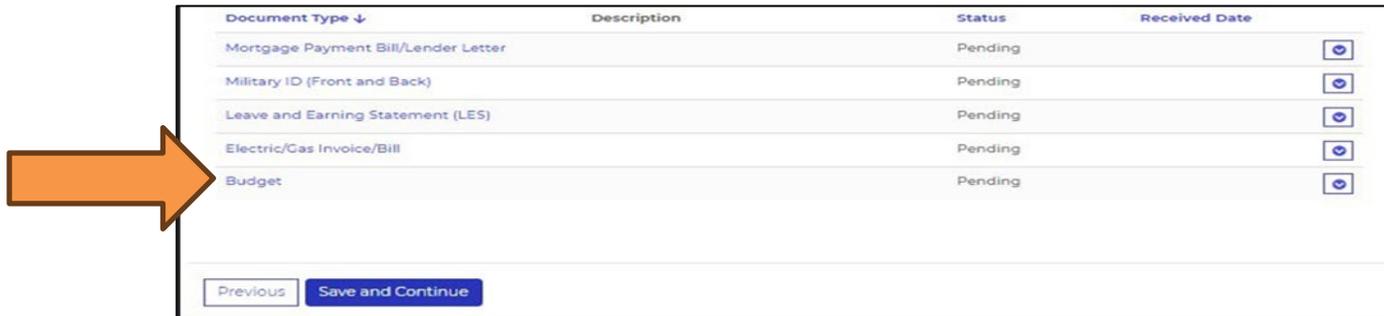
Please attach each file individually by clicking the blue text on the left side of the table and in the new window click the choose file button to select your file that corresponds with the Document Name that you selected and click submit.

Document Type ↓	Description	Status	Received Date
Mortgage Payment Bill/Lender Letter		Pending	
Military ID (Front and Back)		Pending	
Leave and Earning Statement (LES)		Pending	
Electric/Gas Invoice/Bill		Pending	
Budget		Pending	



- **Create a Budget** - Click on the word **Budget** in blue under **Document Type**

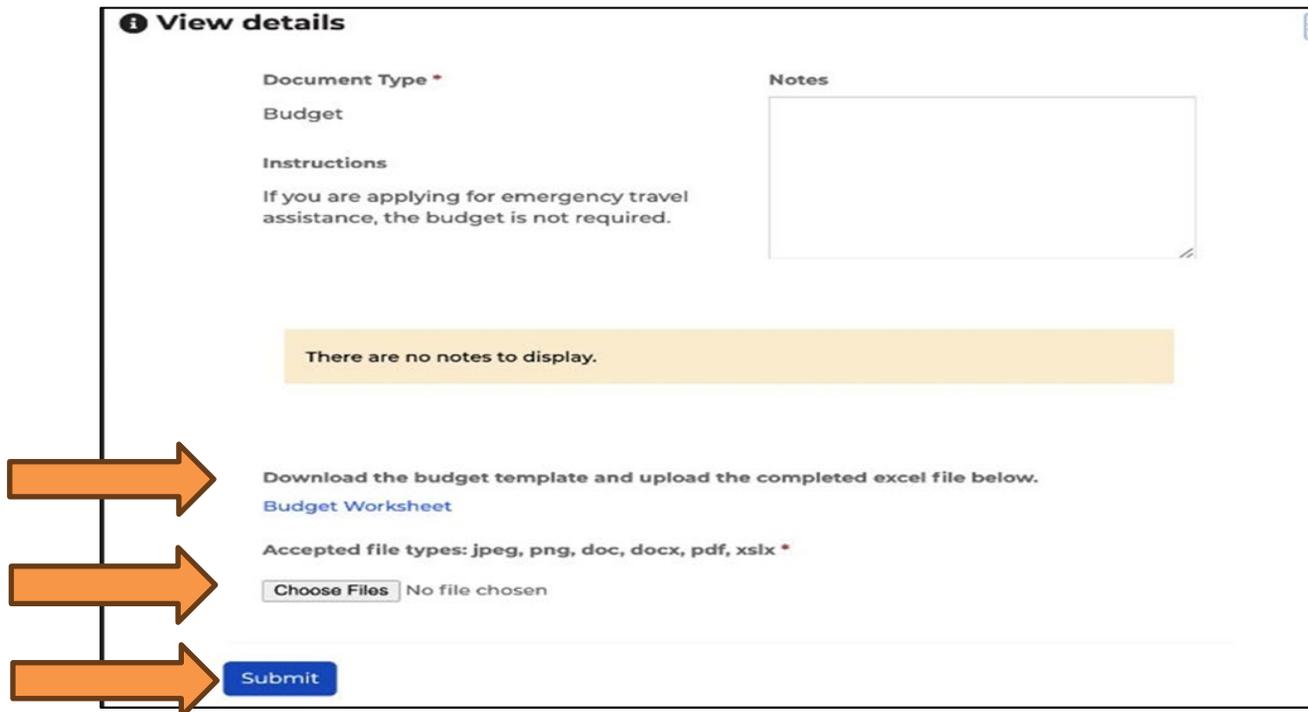
Note: A budget is required with your application



Document Type ↓	Description	Status	Received Date
Mortgage Payment Bill/Lender Letter		Pending	
Military ID (Front and Back)		Pending	
Leave and Earning Statement (LES)		Pending	
Electric/Gas Invoice/Bill		Pending	
Budget		Pending	

Previous Save and Continue

- Click **Budget Worksheet** in the blue text and fill-in the Excel worksheet. When finished, upload the file from your computer (select **Choose Files**) and click **Submit**



View details

Document Type *
Budget

Instructions
If you are applying for emergency travel assistance, the budget is not required.

Notes

There are no notes to display.

Download the budget template and upload the completed excel file below.
[Budget Worksheet](#)

Accepted file types: jpeg, png, doc, docx, pdf, xlsx *

Choose Files No file chosen

Submit

- Click **Power of Attorney** under **Document Type** and upload the Power of Attorney document. Ensure you have included all pages including the signature page

EMERGENCY ASSISTANCE APPLICATION

1 Applicant Information ✓ 2 Military Member Information ✓ 3 Requested Assistance Details ✓ 4 Dependents ✓ 5 Requirements

6 Disbursement Method

Please attach each file individually by clicking the blue text on the left side of the table and in the new window click the choose file button to select your file that corresponds with the Document Name that you selected and click submit.

Document Type ↓	Description	Status	Received Date
Power of Attorney		Pending	

- Once you have uploaded all the documents, click **Save and Continue**

➤ **Step 6: Disbursement Method page**

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

Zelle

To use Zelle, you must register through your bank and select the **Zelle Identifier Type**. It is either a stateside phone number (entered without dashes) or a personal email synced to your stateside bank account.

The screenshot shows the '6 Disbursement Method' step in a multi-step process. The top navigation bar includes '1 Applicant Information', '2 Military Member Information', and '3 Requested Assistance Details', all with checkmarks. The current step is '6 Disbursement Method'. Below the navigation, there is a blue header for the step. The main content area contains the text: 'Enroll today in the Zelle payment platform to direct deposit approved emergency assistance funds into your account! [Click Here](#) to learn more.' Below this, there is a dropdown menu for 'Disbursement Method *' with 'Zelle' selected. Underneath is another dropdown menu for 'Zelle Identifier Type *'. At the bottom, there are two buttons: 'Previous' and 'Save and Continue'.

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.

The screenshot shows the '6 Disbursement Method' step in a multi-step process. The top navigation bar includes '1 Applicant Information', '2 Military Member Information', and '3 Requested Assistance Details', all with checkmarks. The current step is '6 Disbursement Method'. Below the navigation, there is a blue header for the step. The main content area contains the text: 'Enroll today in the Zelle payment platform to direct deposit approved emergency assistance funds into your account! [Click Here](#) to learn more.' Below this, there is a dropdown menu for 'Disbursement Method *' with 'Bank ACH' selected. Underneath are three text input fields: 'Bank Name *', 'Routing Number *', and 'Account Number *'. Below these is a 'Verify Account Number *' field. At the bottom, there are two buttons: 'Previous' and 'Save and Continue'.

- 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

Home > My Applications > Terms of Agreement

Terms of Agreement

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 may result in disapproval on 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.

By checking this box I understand and accept the terms described above. *

Marketing Preferences

Allow Mail * <input checked="" type="radio"/> Allow <input type="radio"/> Do Not Allow	Allow Bulk Mail * <input type="radio"/> Allow <input checked="" type="radio"/> Do Not Allow
Allow Bulk Email * <input type="radio"/> Allow <input checked="" type="radio"/> Do Not Allow	Allow Soliciting * <input type="radio"/> Allow <input checked="" type="radio"/> Do Not Allow

ADDITIONAL INFORMATION

- You will receive the following verification email:

Your Emergency Assistance Application has been Submitted
Dear [REDACTED]

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 ▾ Emergency Assistance Contract (Allotment) Next required field 2

AIR FORCE AID SOCIETY ASSISTANCE CONTRACT

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			
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.

Start

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

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