AFAS
AIR & SPACE FORCES AID SOCIETY

EMERGENCY FINANCIAL ASSISTANCE

Less Than 12 Months Time in Service

Applicant Information

Applicant's name / rank

Date mm/dd/yyyy

Email address

Phone number

Date of arrival to duty station mm/dd/yyyy

Unit / base

Applicant Certification

The above applicant certifies the following:

1. I have been in military service for twelve months or less in the United States Air Force or United States Space Force.
2. I require consideration for emergency financial assistance through the Air & Space Forces Aid Society.
3. I have coordinated with my Commander or First Sergeant, who supports my application and has formally endorsed this request.
4. This form is not intended for requests related to emergency travel, education, community programs, the Exceptional Family Member Program (EFMP), car seat assistance, cranial helmets, natural disasters, personal emergencies, or mental health services.

Please provide the reason for emergency financial assistance

I certify the above information to be true and complete.

Member's signature

Tap or click here to sign

Commander / First Sergeant Endorsement

I concur with the applicant's need for consideration. ○ Yes ○ No

Printed name (Commander or First Sergeant)

Rank / unit

Email address

Phone

Signature DIGITAL SIGNATURE REQUIRED

Click here to sign with a digital ID