#### **AFAS 2.0 MEMBER PORTAL INSTRUCTIONS**

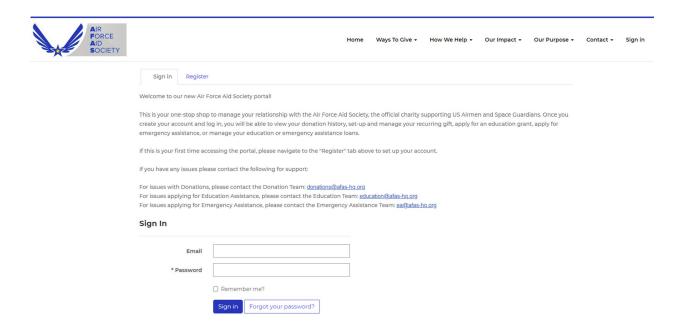
Recommend **manual entry** of one of the following links into your browser:

TO CREATE AN APPLICATION:

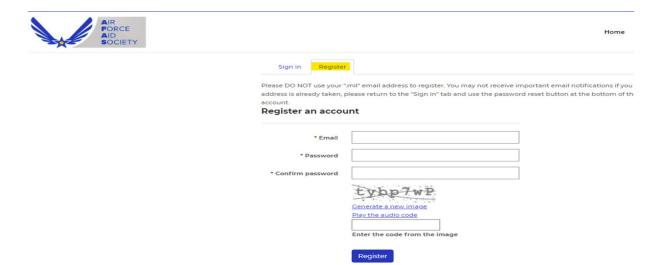
https://portal.afas.org/ea-eligibility/

• TO CONTINUE WORKING ON AN EXISTING APPLICATION:

https://portal.afas.org/my-applications/



NOTE: New users must REGISTER first and then SIGN IN to create an application.



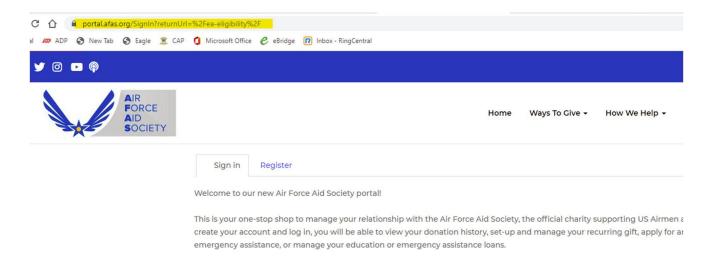
• Enter your **PERSONAL** email, create a password, confirm your password, and enter the code from the image on your screen and click "Register".

(**DO NOT use your ".mil" email** as you may not receive important emails regarding your application.)

- If you receive a message indicating "the username (your email) is already taken", it means you have already registered.
- Click on the "Sign In" tab on this screen 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 "Resetting Password" instructions.
- Once all the required information on the Profile screen is completed, click "Update".
- Should be back to the Sign in / Register screen.

Before signing in, please make sure your browser is still displaying the correct link:

Portal.afas.org/Signin?returnUrl=%2Fea-eligibility@2F



#### \*\*\* URL must end with ea-eligibility%2F

- On the "Sign In" tab, enter your email and password and click "Sign In" to create an application.
- The next screen should appear.

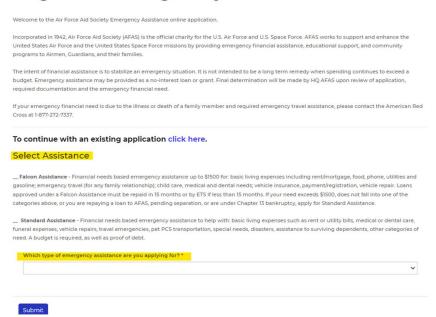
#### **IMPORTANT**

If you registered using your .mil email address, please change it to your personal email address <u>BEFORE</u> starting your application. See "CHANGING EMAIL/USERNAME" further in these instructions.



Home > Registration Eligibility Check

#### **Registration Eligibility Check**



Review the types of assistance available (Falcon and Standard). Click on the drop down arrow in the box and select the type of assistance requested.

NOTE: Falcon Assistance LIMIT is \$1500.00

Next, select the "Eligibility Category" that pertains to you and then click "Submit" to begin your application.

## 1. Applicant Information

# EMERGENCY ASSISTANCE APPLICATION

1 Applicant Information	2 Military Member Information	3 Requested	d Assistance Details	4 Dependents	5 Requirements			
6 Disbursement Method								
Applicant Information SSN (with dashes) *			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.					
DODID				please do so on you agmail.com	ir profile page.			
			Work Email	Address				
First Name *								
			Phone Numl	ber Type *				
Middle Initial						~		
			Work Phone					
Last Name *			Provide a	telephone numbe	r			
Suffix			Home Add					
		Q	Address Line					
Date of Birth (Format: M	M/DD/YYYY) *		Address Line	2				
MM/DD/YYYY		<b>=</b>						
Military Member is Appli	Icant		City*					
® No ○ Yes								
Relationship to Military	Member *		State/Provin	ce*				
		~				Q		
			ZIp Code *					
				intary Self Id	lentification Ques	stions		
						~		
			correspondi	ng to the ethnic gr	one of the descriptions belo oup with which you identif portal afas.org/eeoc-descrip	ועל		
					the race and ethnicity cate			
						~		
				t household Incom				
			(Perticipation	will have no beari	ng on assistance determina	tion.)		

Save and Continue

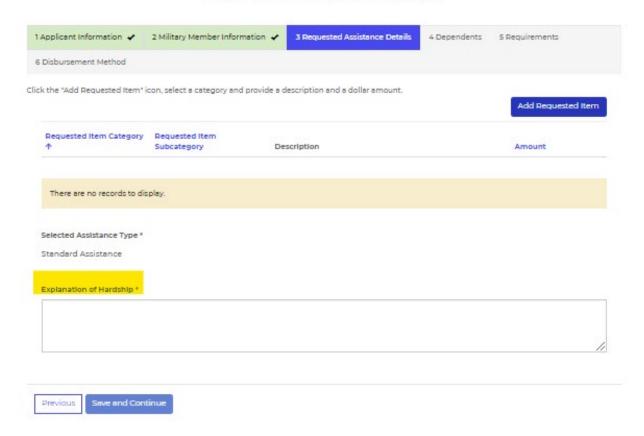
## 2. Military Member Information

# EMERGENCY ASSISTANCE APPLICATION

1 Applicant Information 🗸	2 Military Member Information	3 Requ	ested Assi	stance Details	4 Dependents	5 Requirements		
6 Disbursement Method								
Military Member Information			Contact Information Personal Email Address *					
111-22-3333				Please enter a p		ess, .mil email addresses will not		
DODID				be accepted   barshall@gm	nail.com			
				Work Email Add	iress *			
First Name *								
Lisa		Phone Number Type *						
Middle Initial			Mobile Phone					
М				Mobile Phone (r	no dashes) *			
Last Name *				7033332288				
Farkas				Work Phone (no	o dashes) *			
Suffix				Provide a tele	phone number			
Date of Birth (Format: MM/	/DD/YYYY) *			nit Informa Unit Name *	ition			
11/18/1960		<b>=</b>		Olite Haline				
				Street				
Military Information  Military Branch*	1			Succe				
Air Force (USAF)		~		Duty Station/Ba				
Military Category *						Q		
		~		City*				
Military Rank *				City				
Please select a value		~		State/Province				
				State/Province		Q		
				ZIp Code *				
					nber (no dashes) *			
				First Sergeant * We will not cont		ant without your permission during		
				the application process.				
				First Sergeant P	hone Number (no	dashes) *		
				Provide a tele	phone number			
Previous Save and Cor	atique							
Dave and Cor								

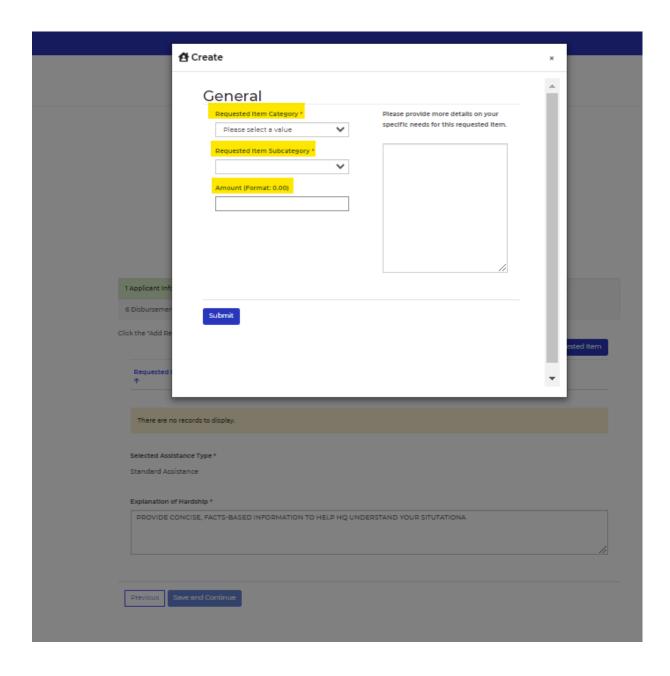
### 3. Requested Assistance Details

# EMERGENCY ASSISTANCE APPLICATION



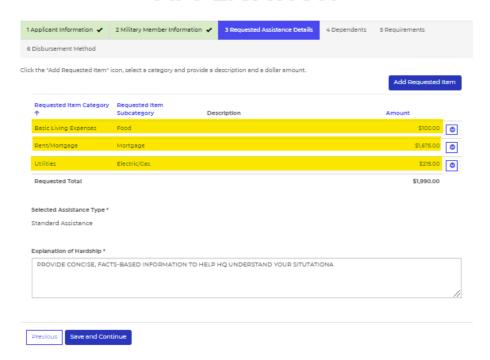
- Enter "Explanation of Hardship" (Provide concise, facts-based information to help HQ understand your situation. What has caused your financial hardship?)
- Click on blue button "Add Requested Item" at the top right to select specific categories of need and amounts needed.

• Use drop down boxes highlighted below to identify specific need(s). Provide additional information if needed.



• Once all requested items have been entered, review and verify all categories and amounts shown are correct.

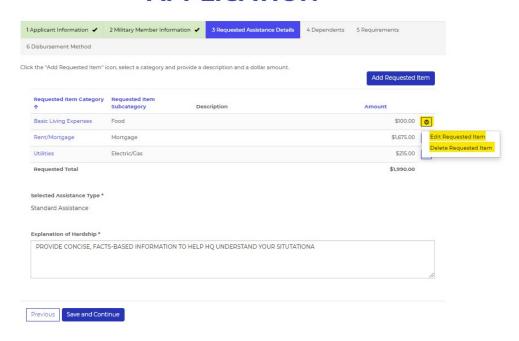
# EMERGENCY ASSISTANCE APPLICATION



• Click on "Save and Continue".

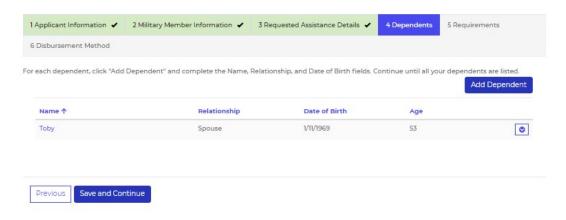
• If you need to change or delete one of the requested items, click on the blue "down arrow" next to the dollar amount for that requested item.

# EMERGENCY ASSISTANCE APPLICATION



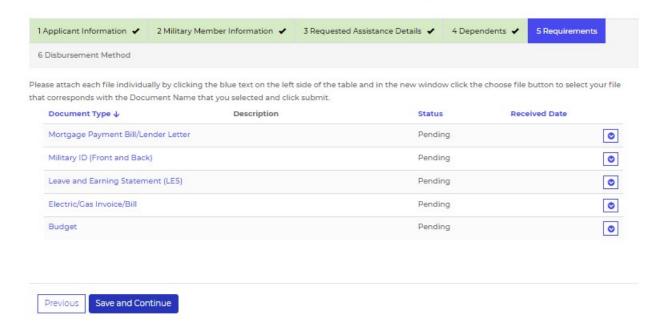
## 4. Dependents

# EMERGENCY ASSISTANCE APPLICATION



## 5. Requirements

# EMERGENCY ASSISTANCE APPLICATION



• This is a list of all required documents (determined by your request) that must be attached before submitting application.

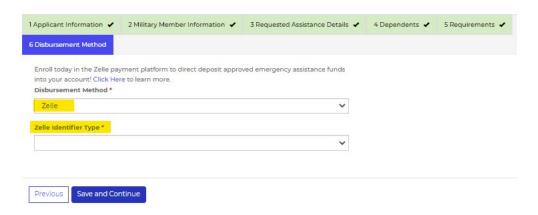
• If a budget is required, click on the blue "Budget" under Document Type and then click on the blue words "Budget Worksheet" to get to Excel spreadsheet. Complete the budget, save it, and then attach.



### 6. Disbursement Method

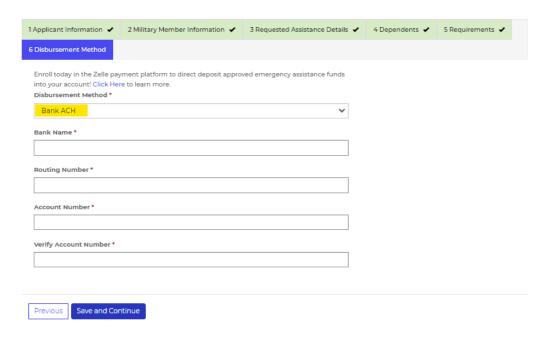
• Select your preferred method of disbursement: ZELLE or BANK ACH

# EMERGENCY ASSISTANCE APPLICATION



• To use Zelle, you must have a stateside bank. The Zelle Identifier is either a stateside phone number (entered without dashes) or personal email synced to your bank account.

# EMERGENCY ASSISTANCE APPLICATION



- If Bank ACH elected, funds will be deposited directly into the bank account specified above.
- Once Disbursement Method has been entered and verified, click on Save and Continue

#### Your application is complete.

### Only 2 more steps left before submitting it to AFAS HQ.

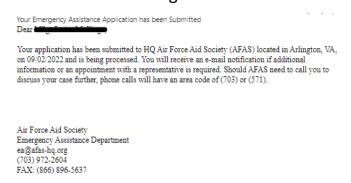
- 1. Please read the "Terms of Agreement" and then check the box indicating that you understand and accept the terms.
- 2. Click on your "Marketing Preferences".

### **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 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; l 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 \* Allow Bulk Mail \* ■ Allow ○ Do Not Allow O Allow 
O Do Not Allow Allow Bulk Email \* Allow Soliciting \* O Allow 
O Do Not Allow O Allow 
O Do Not Allow

- Once the above steps have been taken, click on the blue "Submit' button to send your application to AFAS HQ for processing.
- You will receive the following verification email:

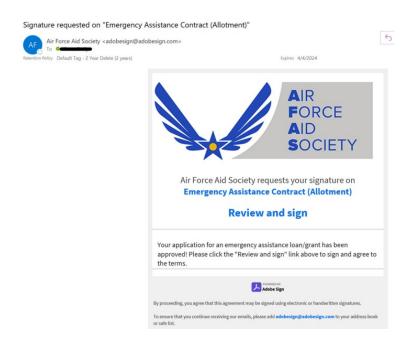
Submit



HAVING PROBLEMS? CALL AFAS HQ AT 703-972-2604 FOR ASSISTANCE.

#### **WHAT HAPPENS NEXT?**

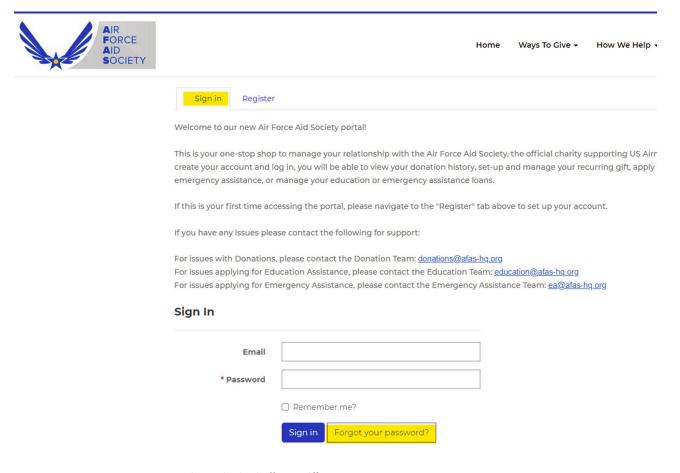
- Your application will be assigned to an AFAS caseworker through our corporate office in Arlington, VA and will be triaged as quickly as possible to assess your financial need.
- Ensure you answer any calls you receive from area codes 703 or 571 as your caseworker may be trying to reach you for additional information regarding your case.
- Also check your email as the caseworker may be sending you messages regarding your case.
- 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 below. You must return the document before AFAS can proceed with distribution of approved funds.



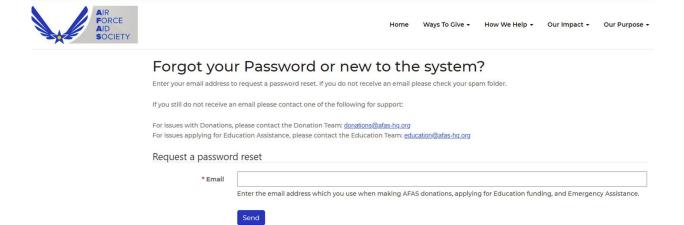
- Upon receipt of the signed document, funds will be disbursed in a timely manner either through Zelle or Bank ACH as requested by you.
- Monitor your bank account and call HQ AFAS at 703-972-2604 if issues arise.

### **RESETTING PASSWORD**

- Go to the "Sign In" tab
- Click on "Forgot your password?"



• Enter your email and click "Send".



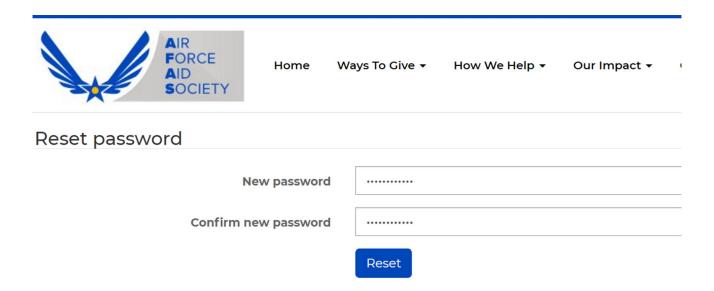
**NOTE:** It may take a few minutes to receive the following email to reset your password. (Check your spam folder if you do not see it in your inbox.)

Password Reset Request from Air Force Aid Society > Inbox x



A password reset was requested for your account. Please click the following link to start the password reset process.

• Click on link provided and enter new password, confirm new password, and click "Reset".



- Screen appears showing password has been reset.
- To SIGN IN, close this browser and go to:

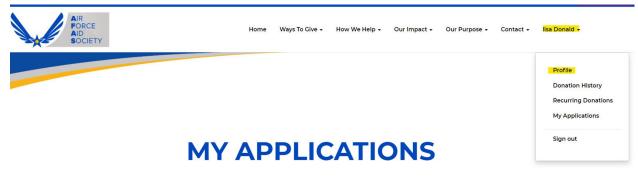
https://portal.afas.org/SignIn?returnUrl=%2Fea-eligibility%2F

**DO NOT** click on the blue "Sign In" button. It does not take you to the correct screen.



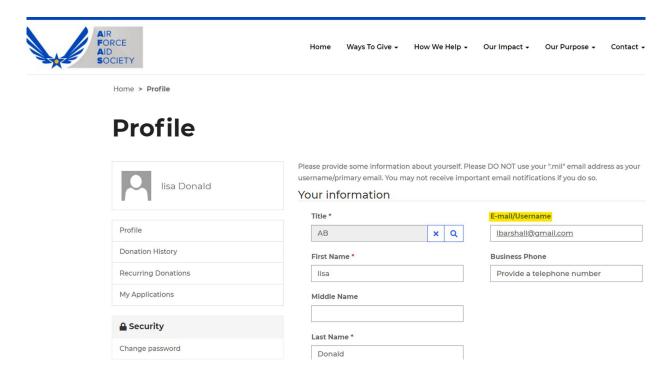
### **CHANGING EMAIL/USERNAME**

- 1. Sign in to the AFAS portal.
- 2. Click on your name in the top right corner and select "Profile".



This page is the central location to monitor your applications with the Air Force Aid Society.

3. Enter your personal email in the Email/Username' box. (You will use this email to log in to the portal in the future.)



4. Scroll down to the bottom of the Profile screen and click "Update".