

1. Application for Army
Emergency Relief (AER) for SALEH

2. Three copies of checks for
AER loan for SALEH

3. Copy of account settlement
for Security National Automotive
Acceptance for a 2002 Subaru for
SALEH

4. Four photos of CHAJI wearing
jewelry and a compact disk
containing photos of CHAJI'S
jewelry

APPLICATION FOR ARMY EMERGENCY... (AER) FINANCIAL ASSISTANCE			1. SECTION NUMBER	2. DATE 4 May 2010
For use of this form, see AR 930-4; the proponent agency is OACSIM			4. SSN 247-63-3730	5. GRADE E-4
3. SOLDIER'S NAME (Last, first, MI) Saleh, Gary W			7. ACTIVE SOLDIER'S UNIT/ADDRESS OF RETIREE, SURVIVOR, OTHERS S&T Trp, RSS, 11th ACR Ft Irwin, CA 92310	
6. STATUS a. <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DECEASED		9. HOME OF RECORD (Street, city, state, zip code) Charlotte, NC		
b. ETS DATE (If active) 14 Aug 2012				
8. PHONE NUMBER (Include area code) (760) 605-2359		10a. APPLICANT'S NAME IF OTHER THAN SOLDIER		
10b. RELATIONSHIP		10c. POWER OF ATTORNEY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. BANKRUPTCY FILED OR PENDING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CHAPTER:	
12. DEPENDENTS FOR WHOM YOU FURNISH MORE THAN ONE-HALF SUPPORT				
a. NAME		b. AGE	c. RELATIONSHIP	
Zahra Jakane		30	Wife	
13. REASON WHY ASSISTANCE IS NEEDED (Be complete and specific. If more space is needed, continue on separate sheet.) SM request AER assistance for emergency travel (Red Cross #2720356).				
14. LIST YOUR SPECIFIC EMERGENCY FINANCIAL NEEDS				
Plane Tickets			\$	1,146.00
Rental Car				236.00
Hotel				240.00
			TOTAL	\$ 1,622.00
15. INDEBTEDNESS				
a. TO WHOM		b. DATE INCURRED	c. ORIGINAL AMOUNT	d. MONTHLY PAYMENT
AER				
16. APPLICANT'S CERTIFICATION				
I hereby authorized the Department of the Army to supply AER with any requested information contained in my official Army personnel and pay files in connection with this assistance. I further authorize the Department of the Army, or any agency, to supply my latest home address, and/or official military address to AER whenever requested.				
I further understand that AER is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by AER to the Army in order to determine eligibility for and administration of financial assistance.				Privacy Act
I certify the information provided on this application is complete, true and correct.				
a. SIGNATURE OF APPLICANT			b. DATE 4 May 2010	

0181-10-CD146

17. UNIT COMMANDER'S REVIEW OF ACTIVITY APPLICANT

a. I HAVE REVIEWED THIS REQUEST FOR AER ASSISTANCE AND RECOMMEND APPROVAL DISAPPROVAL
(If disapproval recommended, indicate why in remarks.)
b. SOLDIER IS IS NOT PENDING ELIMINATION FROM THE ARMY.

c. TYPE OR PRINTED NAME AND SIGNATURE OF UNIT COMMANDER
Jose R Lemus
LT Jose R Lemus Capt Velez
d. DATE
4 MAY 2010

18. REMARKS (Commander and AER Officer record all pertinent information pertaining to application. If applicant's budget information is needed, use an ACS budget planning sheet.)

19. ACTION BY APPROVAL AUTHORITY

a. APPROVED DISAPPROVED. SOLDIER AND COMMANDER HAVE BEEN APPRISED OF REASONS WHY THIS REQUEST WAS DISAPPROVED.

b. LOAN AMOUNT \$ 2122.00 c. GRANT AMOUNT \$

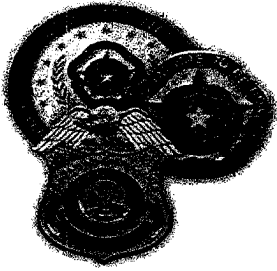
d. NAME OF APPROVAL AUTHORITY Barry Foster e. GRADE STN f. POSITION AERO

20. ACKNOWLEDGEMENT OF ASSISTANCE

a. I acknowledge receipt of a NO INTEREST LOAN GRANT from AER in the amount of \$ 2122.00 by check number 01602342, 01602343, 01602344

(Items b and c below pertain to loans only.)
b. I understand that my failure to repay will result in my name being placed on a list that will preclude further AER assistance being provided to me.
c. I will keep AER advised on any change in my duty assignment, address, or military status.

d. SIGNATURE OF APPLICANT *[Signature]* e. DATE
4 May 2010



FINANCIAL COVER SHEET

“Some of the information contained in specifically marked paragraphs and exhibits are financial record information which was obtained pursuant to the Right to Financial Privacy Act of 1978, 12 USC 3401 et seq. This information may not be released to another federal agency or department outside of the DOD without compliance with the specific requirements of 12 USC 3412 and AR 190-6.”

300 STEVALL ST. RM. 5N-13
ALEXANDRIA, VA 22302-0600



65270
550

01602344

01602344

ISSUED BY ARMY EMERGENCY RELIEF	
SECTION NUMBER 03032	SECTION NAME Ft. Irwin

THIS CHECK VOID 60 DAYS AFTER DATE

DATE **05/04/2010**

PAY TO THE ORDER OF **GARY SALEH**

\$ **500.00**

*** FIVE HUNDRED AND XX / 100 ***

DOLLARS

SUNTRUST BANK
WASHINGTON, D.C.

Barry Foster
Barry Foster

⑈01602344⑈ ⑆055002707⑆ 001009303⑈

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO SEE THE MARK WHEN CHECKING THE ENDORSEMENT.

① DATE 05/04/2010	② PAYEE GARY SALEH	③ SECTION NUMBER 03032	Ft. Irwin
④ NAME OF SERVICE MEMBER (LAST, FIRST, MI) SALEH, GARY, W		⑤ SSN RVF-26-9527	⑥ GRADE E4
⑨ SERVICE MEMBER'S UNIT (HOME ADDRESS FOR RETIREE, SURVIVOR) H53TO HHT SPT SQDN		⑩ COMPONENT SERVICE 1500 ARMY AD / RTD 1503 USN/USMC 1501 ARMY RES 1504 USAF 15 1500 1502 ARNG 1505 USCG ENTER CODE	

⑪ APPLICANT'S NAME AND RELATIONSHIP IF NOT SERVICE MEMBER GPA SM APPROVES SM DOES NOT APPROVE

⑫ 1401 NON-REC PAY 1402 LOST FUNDS 1403 MED / DEN 1404 BURIAL	1405 ESS TVL 1406 RENT 1407 FOOD	1408 UTILITIES 1409 ESS POV 1410 OTHER 1411 CMD REFER	14 1405 ENTER CODE	1499 REFUND	⑬ REPAYMENT (if NO allotment, explain WHY in the remarks section) Repayment By Allotment (A) or Cash (C) A 1006 Enter Code A or C
⑬ \$ 500.00 AMOUNT OF THIS CHECK	3010 LOAN 3011 GRANT	3012 OVERPAYMENT REFUND	30 3010 ENTER CODE	DD139 yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Allotment Start Date (YYMM) _____

⑭ REMARKS: Explain WHY assistance is needed. Explain specific reason for grant. For required information see AR 930-4.

THERE WAS A DEATH IN THE FAMILY AND THE SOLDIER NEEDS ASSISTANCE GETTING BACK FOR THE FUNERAL. THE SOLDIER ALSO NEEDS ASSISTANCE WITH TRAVEL EXPENSES AND LODGING WHEN HE GOES BACK.

⑮ ENTER FINAL APPROVAL AUTHORITY IF ABOVE AERO LIMIT OR FOR OTHER BRANCH OF SERVICE

NAME **Barry Foster**

GRADE **CIV**

TITLE **AER OFFICER**

⑰ FOR DESIGNATED USE ONLY

A _____

B _____

ENTER CODE (S)

⑱ If loan has more than one check, enter check number containing the signed promissory note.
Total Promissory Amt includes: \$ **1602342** delinquent balance and/or \$ _____ uncollectible for repay.

ALLOTMENT AUTHORIZATION - PROMISSORY NOTE

I SALEH (LAST NAME) GARY (FIRST) W (MI) E4 (GRADE) PROMISE TO REPAY IN FULL THE ARMY EMERGENCY RELIEF (AER) LOAN OF \$ 2,172.00 (AMOUNT) THAT I RECEIVED ON 05/04/2010 (DATE OF LOAN). I AUTHORIZE REPAYMENT TO BE MADE TO AER BY ALLOTMENT FROM MY ARMY PAY IN 75 (NUMBER) EQUAL MONTHLY PAYMENTS OF \$ 84.82 (AMOUNT) OR UNTIL PAID IN FULL. IF I AM UNABLE TO REPAY BY ALLOTMENT, I WILL MAKE MONTHLY PAYMENTS DIRECTLY TO AER. IF ON ACTIVE DUTY, I AUTHORIZE THE BALANCE OWED TO AER UPON TRANSITION TO BE COLLECTED FROM MY FINAL ARMY PAY THROUGH USE OF A PAY ADJUSTMENT AUTHORIZATION (DD FORM 139). I HAVE RECEIVED A COPY OF THIS AGREEMENT.

SIGNATURE OF ALLOTTEE/RECIPIENT *[Signature]* SSN OF ALLOTTEE **247-63-3730** DATE **4-May-2010** SIGNATURE OF AER OFFICER OR ASSISTANT *[Signature]*

01602344

FOR OFFICIAL USE ONLY!
ORIGINAL - FILE AT SECTION
LAW ENFORCEMENT SENSITIVE

200 STOVALL ST. RM. 5N-10
ALEXANDRIA VA 22302-0600



65-270
550

01602343

01602343

ISSUED BY ARMY EMERGENCY RELIEF	
SECTION NUMBER 03032	SECTION NAME Ft. Irwin

THIS CHECK VOID 60 DAYS AFTER DATE

DATE **05/04/2010**

PAY TO THE ORDER OF **GARY SALEH**



*** FOUR HUNDRED SEVENTY SIX AND XX / 100 ***

DOLLARS

SUNTRUST BANK
WASHINGTON, D.C.

Barry Foster

⑈01602343⑈ ⑆055002707⑆ 001009303⑈

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① DATE 05/04/2010	② PAYEE GARY SALEH	③ SECTION NUMBER 03032	Ft. Irwin
④ NAME OF SERVICE MEMBER (LAST, FIRST, MI) SALEH, GARY, W		⑤ SSN RVF-26-9527	⑥ GRADE E4
⑨ SERVICE MEMBER'S UNIT (HOME ADDRESS FOR RETIREE, SURVIVOR) H53TO HHT SPT SQDN		⑦ A/R/S (A)CTIVE (R)ETIRED (S)URVIVOR	
		⑧ OFF/WO <input type="checkbox"/> OFF <input checked="" type="checkbox"/> EM	
		⑩ COMPONENT SERVICE 1500 ARMY AD / RTD 1503 USN/USMC 1501 ARMY RES 1504 USAF 1502 ARNG 1505 USCG	
		15 1500 ENTER CODE	

⑪ APPLICANT'S NAME AND RELATIONSHIP IF NOT SERVICE MEMBER
GPA SM APPROVES SM DOES NOT APPROVE

⑫ 1401 NON-REC PAY 1402 LOST FUNDS 1403 MED / DEN 1404 BURIAL	1405 ESS TVL 1406 RENT 1407 FOOD	1408 UTILITIES 1409 ESS POV 1410 OTHER 1411 CMD REFER	14 1405 ENTER CODE	1499 REFUND	⑬ REPAYMENT (If NO allotment, explain WHY in the remarks section) Repayment By Allotment (A) or Cash (C) A Enter Code A or C
⑭ \$ 476.00 AMOUNT OF THIS CHECK	3010 LOAN 3011 GRANT	3012 OVERPAYMENT REFUND	30 3010 ENTER CODE	DD139 yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

⑮ REMARKS: Explain WHY assistance is needed. Explain specific reason for grant. For required information see AR 930-4.

THERE WAS A DEATH IN THE FAMILY AND THE SOLDIER NEEDS ASSISTANCE GETTING BACK FOR THE FUNERAL. THE SOLDIER ALSO NEEDS ASSISTANCE WITH TRAVEL EXPENSES AND LODGING WHEN HE GOES BACK.

⑯ ENTER FINAL APPROVAL AUTHORITY IF ABOVE AERO LIMIT OR FOR OTHER BRANCH OF SERVICE

NAME **Barry Foster**

GRADE **CIV**

TITLE **AER OFFICER**

⑰ FOR DESIGNATED USE ONLY

A _____

B _____

ENTER CODE (S)

⑱ If loan has more than one check, enter check number containing the signed promissory note.
Total Promissary Amt includes: \$ **1602342** delinquent balance and/or \$ _____ uncollectible for repay.

ALLOTMENT AUTHORIZATION - PROMISSORY NOTE

I SALEH (LAST NAME) GARY (FIRST) W (MI) E4 (GRADE) PROMISE TO REPAY IN FULL THE ARMY EMERGENCY RELIEF (AER) LOAN OF \$ 1972.00 (AMOUNT) THAT I RECEIVED ON 05/04/2010 (DATE OF LOAN). I AUTHORIZE REPAYMENT TO BE MADE TO AER BY ALLOTMENT FROM MY ARMY PAY IN 34 (NUMBER) EQUAL MONTHLY PAYMENTS OF \$ 90.08 (AMOUNT) OR UNTIL PAID IN FULL. IF I AM UNABLE TO REPAY BY ALLOTMENT, I WILL MAKE MONTHLY PAYMENTS DIRECTLY TO AER. IF ON ACTIVE DUTY, I AUTHORIZE THE BALANCE OWED TO AER UPON TRANSITION TO BE COLLECTED FROM MY FINAL ARMY PAY THROUGH USE OF A PAY ADJUSTMENT AUTHORIZATION (DD FORM 139). I HAVE RECEIVED A COPY OF THIS AGREEMENT.

SIGNATURE OF ALLOTTER/RECIPIENT _____ DATE **4-May-2010** SIGNATURE OF AER OFFICER OR ASSISTANT _____

01602343

ORIGINAL - FILE AT SECTION "FOR OFFICIAL USE ONLY/ LAW ENFORCEMENT SENSITIVE"

200 STOVALL ST. RM 15-N-10
ALEXANDRIA, VA 22302-0600



65-270
550

01602342

ISSUED BY ARMY EMERGENCY RELIEF	
SECTION NUMBER 03032	SECTION NAME Ft. Irwin

THIS CHECK VOID 60 DAYS AFTER DATE

DATE **05/04/2010**

PAY TO THE ORDER OF **EL SOL TRAVEL**

\$ **1,146.00**

*** ONE THOUSAND ONE HUNDRED FORTY SIX AND XX / 100 ***

DOLLARS

SUNTRUST BANK
WASHINGTON, D.C.

Barry Foster

⑈01602342⑈ ⑆055002707⑆ 001009303⑈

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① DATE 05/04/2010	② PAYEE EL SOL TRAVEL	③ SECTION NUMBER 03032	Ft. Irwin
④ NAME OF SERVICE MEMBER (LAST, FIRST, MI) SALEH, GARY, W		⑤ SSN RVF-26-9527	⑥ GRADE E4
⑨ SERVICE MEMBER'S UNIT (HOME ADDRESS FOR RETIREE, SURVIVOR) H53TO HHT SPT SQDN		⑦ A/R/S (S) SURVIVOR	⑧ OFF/WO <input checked="" type="checkbox"/> EM
⑩ COMPONENT SERVICE 1500 ARMY AD / RTD 1501 ARMY RES 1502 ARNG 1503 USN/USMC 1504 USAF 1505 USCG 15 1500 ENTER CODE		⑪ APPLICANT'S NAME AND RELATIONSHIP IF NOT SERVICE MEMBER GPA <input type="checkbox"/> SM APPROVES <input type="checkbox"/> SM DOES NOT APPROVE <input type="checkbox"/>	

⑫ 1401 NON-REC PAY 1402 LOST FUNDS 1403 MED / DEN 1404 BURIAL	1405 ESS TVL 1406 RENT 1407 FOOD	1408 UTILITIES 1409 ESS POV 1410 OTHER 1411 CMD REFER	1499 REFUND 1405 ENTER CODE	⑬ REPAYMENT (if NO allotment, explain WHY in the remarks section) Repayment By Allotment (A) or Cash (C) A 1006 Enter Code A or C
⑭ \$ 1,146.00 AMOUNT OF THIS CHECK	3010 LOAN 3011 GRANT	3012 OVERPAYMENT REFUND	30 3010 ENTER CODE	DD139 yes <input type="checkbox"/> no <input checked="" type="checkbox"/>

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GRADE **CIV**

TITLE **AER OFFICER**

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Total Promissary Amt includes: \$ **1602342** delinquent balance and/or \$ _____ uncollectible for repay.

ALLOTMENT AUTHORIZATION - PROMISSORY NOTE

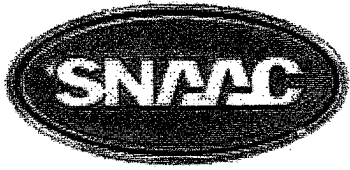
I SALEH GARY W E4 PROMISE TO REPAY IN FULL THE ARMY EMERGENCY RELIEF (AER) LOAN OF \$ 1,622.00 THAT I RECEIVED ON 05/04/2010. I AUTHORIZE REPAYMENT TO BE MADE TO AER BY ALLOTMENT FROM MY ARMY PAY IN 24 EQUAL MONTHLY PAYMENTS OF \$ 67.58 OR UNTIL PAID IN FULL. IF I AM UNABLE TO REPAY BY ALLOTMENT, I WILL MAKE MONTHLY PAYMENTS DIRECTLY TO AER. IF ON ACTIVE DUTY, I AUTHORIZE THE BALANCE OWED TO AER UPON TRANSITION TO BE COLLECTED FROM MY FINAL ARMY PAY THROUGH USE OF A PAY ADJUSTMENT AUTHORIZATION (DD FORM 139). I HAVE RECEIVED A COPY OF THIS AGREEMENT.

SIGNATURE OF ALLOTTER/RECIPIENT **247-63-3730** 4-May 2010 SIGNATURE OF AER OFFICER OR ASSISTANT

01602342

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LAW ENFORCEMENT SENSITIVE

0181 0-010146



SECURITY NATIONAL AUTOMOTIVE ACCEPTANCE

6951 Cintas Blvd.
Mason, OH 45040
1(800) 995-0591

**For Dependable Auto Financing,
There's nothing like Security.**

04/14/2010

GARY W SALEH
5315 B COTTON TAIL LN
FORT IRWIN, CA 92310

Account: 00101516
Vehicle Description: 2002 SUBARU WRX

Dear GARY W SALEH

This letter shall serve as written verification that the above-referenced account has been settled in full.

If you have any questions, please contact our office at 1-800-995-0591 Ext. 2 for the Customer Service Department.
Our e-mail address for Customer Service is custserv@snaac.com

Sincerely,

NORMAN SCEARCE ext.231
nscearce@snaac.com
Security National Automotive Acceptance

*****IMPORTANT NOTICE*****

THIS CORRESPONDENCE IS AN ATTEMPT TO COLLECT A DEBT, ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

**"FOR OFFICIAL USE ONLY/
LAW ENFORCEMENT SENSITIVE"**







