

# FINANCIAL STATEMENT - REMISSION OF INDEBTEDNESS

*AUTHORITY: 10 USC 9837 (d); and EO 9397, November 1943.*

*PRINCIPAL PURPOSE: To determine whether payment of the debt will cause financial hardship.*

*ROUTINE USES: By appropriate Air Force authorities in connection with member's request for remission of the debt. The SSN is used for identification.*

*DISCLOSURE IS VOLUNTARY. Failure to provide the information, including the SSN, may prevent remission of the debt based on financial hardship.*

SECTION I INFORMATION COMPLETED BY THE MEMBER														
NAME <i>(Last-First-Middle Initial)</i>						GRADE		SSN						
1. NUMBER OF DEPENDENTS				5. MONTHLY INSTALLMENT PAYMENTS										
NAME			AGE	RELATIONSHIP		ITEM		DATE OF LOAN	DATE EXPIRES	MONTHLY AMOUNT				
						HOUSE								
						CAR								
						CREDIT CARD <i>(Note 1)</i>								
						CASH LOANS <i>(Note 2)</i>								
						OTHER <i>(Specify)</i> <i>(Note 1)</i>								
				6. MONTHLY EXPENSES FROM MEMBER'S LES										
				FITW						\$				
				FICA										
				STATE TAX <i>(Indicate State)</i>										
				USSH/SGLI										
2. MEMBER'S MONTHLY INCOME <i>(From Pay and Allowances).</i> USE ADDITIONAL SHEET IF NECESSARY.				MONTHLY FAMILY EXPENSES										
BASIC PAY			\$			RENT			\$					
BAS						UTILITIES								
BAQ						TELEPHONE								
CLOTHING ALLOWANCE						FOOD								
INCENTIVE PAY						INSURANCE								
VHA						CAR OPERATING EXPENSE								
HOUSING ALLOWANCE HA						SCHOOL <i>(Explain in block 12)</i>								
COLA						CHILDCARE								
FSA						MEDICAL/DENTAL <i>(Explain in block 12)</i>								
OTHER AF INCOME						CLOTHING								
						RECREATION								
OTHER MONTHLY INCOME <i>(Explain in block 12)</i>						CHILD SUPPORT, ALIMONY, SEPARATE MAINTENANCE, IF NOT PAID BY ALLOTMENT, FURNISH PROOF OF PAYMENT								
TOTAL MEMBER'S INCOME			\$			OTHER <i>(Explain in block 12)</i>								
3. SPOUSE'S NET MONTHLY INCOME			\$			7. TOTAL MONTHLY INSTALLMENT PAYMENTS AND EXPENSES <i>(Post to block 9)</i>			\$					
4. COMBINED MONTHLY INCOME <i>(Post to block 8)</i>			\$			8. COMBINED MONTHLY INCOME <i>(from block 4)</i>			\$					
<p><i>1. List each creditor separately. Use block 12 if additional space is needed.</i></p> <p><i>2. Include debts to US Government. No proof is necessary if deducted from pay record. AFO will verify.</i></p> <p><i>3. If expenses exceed income, explain how monthly expenses are met. Use block 12 if additional space is needed.</i></p>				9. TOTAL MONTHLY INSTALLMENT PAYMENTS AND EXPENSES <i>(from block 7)</i>						\$				
				10. MONTHLY INCOME OVER INSTALLMENT PAYMENTS AND EXPENSES <i>(Note 3)</i> <i>(Subtract block 9 from block 8)</i>									\$	

11. ASSETS (Show present value of and equity in all assets other than household goods and clothing, including but not limited to savings and checking accounts, stocks and bonds, house, automobiles, boats, trailers, business, etc.).

12. REMARKS

*I make the foregoing statements as a part of my application with full knowledge of the penalties for willfully making a false statement (18 USC 1001) provides a penalty as follows: A maximum fine of \$10,000 or maximum imprisonment of 5 years, or both).*

SIGNATURE OF MEMBER

DATE

DATE APPLICATION RECEIVED BY MEMBER'S AFO (not to be filled in by member).

SECTION II

INFORMATION COMPLETED BY ACCOUNTING AND FINANCE OFFICER

1. ARE AMOUNTS PROVIDED BY THE MEMBER REASONABLE FOR YOUR LOCALE? EXPLAIN ANY CONCERNS YOU HAVE WITH THE AMOUNTS REPORTED.

2. IF YOU HAVE RESERVATIONS ABOUT REASONABLENESS OF AMOUNTS REPORTED, DID YOU:

A. ADVISE THE APPLICANT TO CONSIDER AMOUNTS THAT APPEAR EITHER EXCESSIVELY HIGH OR LOW?  YES  NO  N/A

B. REQUEST SUPPORTING DOCUMENTS TO VALIDATE UNUSUAL AMOUNTS?  YES  NO  N/A

3. DO YOU BELIEVE HARDSHIP IS AN APPROPRIATE CONSIDERATION IN THE MEMBER'S APPLICATION? PROVIDE YOUR OPINION

NAME AND GRADE OF PREPARER

TELEPHONE NUMBER (AUTOVON)

SIGNATURE AND GRADE OF AFO

DATE