



<b>REMISSION APPLICATION</b>		<b>FOR AFO USE</b>	<b>YES</b>	<b>NO</b>
		PRIORITY HANDLING REQUIRED		
<b>PRIVACY ACT STATEMENT</b>				
<p><b>AUTHORITY:</b> 10 U.S.C. 9837(d); and EO 9397, November 1943.  <b>PRINCIPAL PURPOSE:</b> To compile pertinent information for remission of indebtedness determination.  <b>ROUTINE USES:</b> None.  <b>DISCLOSURE:</b> Disclosure of the social security number (SSN) is voluntary. However, the SSN is used for positive identification; failure to provide the information may prevent remission of the debt based on financial hardship.</p>				
<b>SECTION I. INFORMATION TO BE COMPLETED BY MEMBER (Include attachment if more space is needed)</b>				
1. NAME (Last, First, Middle Initial)		2. RANK	3. SSN	4. YEARS OF SERVICE
5. UNIT / ORGANIZATION AND BASE OF ASSIGNMENT		6. JOB TITLE	7. DUTY PHONE (DSN)	8. ETS
9. DATE AND BASE WHERE DEBT OCCURRED		10. TYPE OF DEBT	11. DEBT AMOUNT	12. AMOUNT COLLECTED
13. DATE NOTIFIED OF DEBT	14. HAVE YOU PREVIOUSLY REQUESTED REMISSION OF ANY DEBTS? (If so, identify date, amount, and type of debts)			
15. HOW WAS THE CURRENT DEBT CAUSED?				
16. WHAT ARE THE REASONS, IF ANY, THAT THE GOVERNMENT SHOULD NOT COLLECT THIS DEBT? WHAT SHOULD/COULD THE AIR FORCE HAVE DONE TO PREVENT THE DEBT FROM OCCURRING?				
17. FOR DEBTS DUE TO SHIPMENT OF HOUSEHOLD GOODS, PLEASE INCLUDE DATES, AND ORIGIN AND DESTINATION POINTS. ALSO FURNISH COPIES OF ANY REBUTTAL DOCUMENTS YOU MAY HAVE SUBMITTED.				
18. WHEN DID YOU FIRST REALIZE YOU MIGHT BE INDEBTED? EXPLAIN REASONS IF YOUR ACTIONS WERE DELAYED. WHEN DID YOU TAKE ACTION TO PREVENT OR CORRECT THE PROBLEM?				
19. EXPLAIN WHETHER YOU COULD/SHOULD HAVE TAKEN FURTHER STEPS TO STOP THE DEBT FROM OCCURRING AND/OR CONTINUING.				
20. WOULD PAYMENT CREATE A FINANCIAL HARDSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES," submit a completed AF Form 2451, Financial Statement, with this application. If "NO," remission action will not consider financial hardship.				
21. IF ALL OR A PORTION OF THE DEBT IS NOT REMITTED, HOW MUCH COULD YOU PAY MONTHLY? (Consider future pay raises, promotions, liquidation of other debts, adjustments to taxes withheld, and stability of other income sources, if any. If amount is \$25 or less, prepare a Financial Statement.)				
I certify the above items are true and correct to the best of my knowledge. The information presented may be referred to the Office of Special Investigations for verification. I understand the penalty for a false claim is a maximum fine of \$10,000 or maximum imprisonment of 5 years, or both.				
SIGNATURE			DATE	

**SECTION II. INFORMATION TO BE COMPLETED BY ACCOUNTING AND FINANCE OFFICER**

1. DEBT AMOUNT	2. AMOUNT SUSPENDED	3. DATE DEBT SUSPENDED	4. DATE OF DTL #1 DOCUMENT #
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	YES	NO
5. WAS MEMBER COUNSELLED ON PRIVACY ACT, WAIVER vs REMISSION OPTION, AND FINANCIAL HARDSHIP?		
6. IS MEMBER CLAIMING FINANCIAL HARDSHIP? <i>If "YES," attach a completed Financial Statement.</i>		
7. WAS STATEMENT FROM MEMBER'S COMMANDER NECESSARY? <i>If "YES," attach to application.</i>		
8. WILL APPLICATION BE SUBMITTED THROUGH MAJOR COMMAND CHANNELS? <i>If "YES," explain why?</i>		
9. DOES THE APPLICATION REQUIRE PRIORITY HANDLING? <i>If "YES," explain.</i>		
10. IS THE DEBT VALID? <i>If "YES," attach supporting documents that provide breakdown of debt.</i>		
11. DO YOU THINK THE MEMBER KNEW OR REASONABLY SHOULD HAVE BEEN AWARE THIS DEBT WOULD BE INCURRED? <i>If "YES," specify actions the member could/should have taken to preclude, recognize, report, and/or correct the debt. If "NO," explain why further actions could not reasonably have been expected.</i>		

12. FURNISH COMPLETE EXPLANATION OF REASON DEBT OCCURRED.  
*For example, regulation change, status change, erroneous information.*

13. WAS THE AIR FORCE AT FAULT IN ALLOWING THE DEBT TO HAPPEN?  
*If so, explain how the incident should affect the remission outcome. Also, identify how Air Force procedures might be strengthened to prevent similar debts for other members.*

14. SHOULD OTHER ASPECTS OF THE MEMBER'S SITUATION BE CONSIDERED?  
*If "YES," explain.*

15. BASED ON INFORMATION PRESENTED, WHAT ACTION DO YOU RECOMMEND AND WHY?

NAME AND GRADE OF PREPARER	POSITION TITLE	TELEPHONE NUMBER (DSN)
SIGNATURE AND GRADE OF AFO	ADDRESS OF AFO	DATE