

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 (Last - First - Middle Initial)

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 3)</i>				8. COMBINED MONTHLY INCOME <i>(from block 4)</i>		
	\$			\$		
<p>1. List each creditor separately. Use block 12 if additional space is needed.</p> <p>2. Include debts to US Government. No proof is necessary if deducted from pay record. AFO will verify.</p> <p>3. If expenses exceed income, explain how monthly expenses are met. Use block 12 if additional space is needed.</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>		
				\$		

DATE	SIGNATURE AND GRADE OF AFO
TELEPHONE NUMBER (AUTOVON)	NAME AND GRADE OF PREPARER
<p>3. DO YOU BELIEVE HARDSHIP IS AN APPROPRIATE CONSIDERATION IN THE MEMBER'S APPLICATION? PROVIDE YOUR OPINION ON THE EXTENT OF HARDSHIP AND/OR MONTHLY COLLECTION RATES.</p>	
<p>2. IF YOU HAVE RESERVATIONS ABOUT REASONABLENESS OF AMOUNTS REPORTED, DID YOU:</p> <p>A. ADVISE THE APPLICANT TO CONSIDER AMOUNTS THAT APPEAR EITHER EXCESSIVELY HIGH OR LOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>B. REQUEST SUPPORTING DOCUMENTS TO VALIDATE UNUSUAL AMOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	
<p>1. ARE AMOUNTS PROVIDED BY THE MEMBER REASONABLE FOR YOUR LOCAL? EXPLAIN ANY CONCERNS YOU HAVE WITH THE AMOUNTS REPORTED.</p>	
<p>SECTION II INFORMATION COMPLETED BY ACCOUNTING AND FINANCE OFFICER</p>	
DATE APPLICATION RECEIVED BY MEMBER'S AFO (not to be filled in by member).	SIGNATURE OF MEMBER
DATE	
<p><i>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.</i></p>	
12. REMARKS	
<p>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.).</p>	