

FINANCIAL STATEMENT - REMISSION OF INDEBTEDNESS

AUTHORITY: 10 USC 2774, 10 USC 6161, and SECNAVINST 7220.38E et sequentia.

PURPOSE: To request waiver of collection of erroneous payments of pay and allowances or remission of indebtedness.

ROUTINE USES: By designated Navy and Marine Corps personnel and the Comptroller General of the United States in the course of administering the above waiver statutes.

DISCLOSURE: Disclosure is voluntary, however, failure to disclose requested data, including your social security number (SSN), may prevent waiver consideration of the claim for erroneous payments you have received. Your SSN is requested under the authority of Executive Order 9397 and will be used to distinguish you from all other individuals who have sought or may seek waiver.

SECTION I INFORMATION COMPLETED BY THE MEMBER

NAME (Last, First, M.I.)	GRADE	SSN
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DEPENDENTS

NAME AND ADDRESS	AGE	RELATIONSHIP	% OF SUPPORT

APPLICANT'S MONTHLY INCOME AND EXPENSES

MONTHLY INCOME		MONTHLY EXPRESS	
Basic Pay	\$	FITW (Exemption Status)	\$
Basic Allowance for Quarters		SITW (Exemption Status)	
Basic Allowance for Subsistence		FICA Tax	
Clothing Maintenance Allowance		Rent	
Family Separation Allowance		Utilities *	
Variable Housing Allowance		Telephone	
Other (Specify)		Food	
		Clothing	
		Insurance *	
		Car Expenses (Operating)	
		School *	
		Medical/Dental*	
TOTAL	\$	Fortfeitures of Pay - Exp.:	
MONTHLY INSTALLMENT PAYMENTS		Child Support/Alimony	
		Other (Specify)	
ITEM	EXPIRES	AMOUNT	
House		\$	
Car			
Furniture			
Other (Specify)			
TOTALS	\$	TOTAL	\$

RECAP OF TOTAL MONTHLY INCOME

Total monthly gross income (Pay and Allowance)		\$
Total monthly installment payments	\$	
Total monthly expenses	\$	
Total monthly obligations (Installment payments and expenses)		\$
Net income (Total monthly gross income less total monthly obligations)		\$

*Itemize/explain as appropriate. Use separate sheet if necessary

Spouse's monthly gross income		\$	Spouse's other monthly gross income	\$
Less expenses incident to employment			Less expenses incident to the operation of a private business or other outside income. (Itemize and/or explain as appropriate. Use a separate sheet if necessary.)	
FITW	\$			
SITW				
FICA				
Car maintenance and operation				
Other transportation expenses				
Car payment				
Child care				
Other (Specify)				
Total Expenses		\$	Net amount of other monthly income	\$
Spouse's net income		\$	RECAP OF TOTAL MONTHLY FAMILY INCOME	
			Applicant's net income	\$
			Spouse's net income	
			Other net income	
			Total net monthly income after expenses for family	\$

OTHER 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, bonds, real estate, automobiles, boats, trailers, business, etc.

REMARKS:

I make the foregoing statements as a part of my application with full knowledge of the penalties for willfully making a false statement. 19 USC 1001 provides a penalty as follows: A maximum fine of \$10,000 or a maximum imprisonment of 5 years or both.

SIGNATURE OF APPLICANT	DATE	Date application received by Member's Commanding Officer
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SECTION II INFORMATION COMPLETED BY COMMANDING OFFICER

Are amounts provided by the member reasonable for your locale? Explain any concerns you have with the amounts reported.

Do you believe hardship is an appropriate consideration in the member's application? Provide your opinion on the extent of hardship and/or recommend a monthly collection rate.

ENDORSEMENT PREPARED BY:	POSITION TITLE	TELEPHONE NUMBER (AUTOVON)
SIGNATURE AND GRADE	DATE	