

APPLICATION FOR REMISSION OR CANCELLATION OF INDEBTEDNESS

For use of this form, see AR 600-4; the proponent agency is DCS, G-1.

Use additional blank sheet for continuation of items identifying each item by number.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC Section 4837 and 32 USC Section 710.
PRINCIPAL PURPOSE: To evaluate an application from a military member for remission and cancellation of debt to the United States.
ROUTINE USES: Information provided in this form, and other supporting documentation (including message applications), serves to substantiate your request, and will be used as a basis to support recommendation for approval or disapproval. This documentation will be maintained as part of your Personal Financial record.
DISCLOSURE: Voluntary. However, failure to supply all pertinent information may result in the request being returned without action.

INSTRUCTIONS: Answer each question. (Questions that are not applicable, state NA.)

SECTION 1

<p>1. TO: (Complete address and telephone number of unit Cdr.) (Include DSN (Not applicable for out of service Soldiers).)</p>	<p>2. FROM:</p> <p>a. NAME (Last, first, MI) _____</p> <p>b. RANK _____ c. PAY GRADE _____</p> <p>d. SSN _____</p> <p>e. E-MAIL ADDRESS _____</p>	<p>3. SERVICE DATA</p> <p>a. ETS _____ MRD _____ Date of Separation (YYYYMMDD) _____</p> <p>b. BASD _____ c. PEBD _____</p> <p>d. PMOS _____ DMOS _____</p> <p>BASIC BRANCH _____ CNTL BRANCH _____</p>
<p>4. PRESENT ORGANIZATION, STATION ADDRESS, DSN AND COMMERCIAL NUMBER (INCLUDING AREA CODE) OR CURRENT HOME ADDRESS/TELEPHONE NUMBER</p> <p>a. _____</p> <p>b. DSN _____</p>	<p>5a. STATION/UNIT WHERE DEBT INCURRED (INCLUDE THE STATE)</p> <p>_____</p> <p>b. DATE DEBT INCURRED (YYYYMMDD)</p> <p>_____</p> <p>c. DSSN/ADSN AT TIME OF DEBT INCURRED</p> <p>_____</p>	<p>6. INTEND TO (Enlisted Soldiers only)</p> <p>a. REENLIST <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b. EXTEND <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c. UNDECIDED <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

7. MARITAL STATUS MARRIED NEVER MARRIED WIDOWED DIVORCED LEGALLY SEPARATED SEPARATED

<p>8. NAME OF SPOUSE (Last, first, MI, maiden) _____</p>	<p>9. DOES SPOUSE RESIDE WITH SOLDIER?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain)</p>	<p>10. IS SPOUSE IN MILITARY?</p> <p><input type="checkbox"/> YES (If yes, list spouse's SSN, BASD, ETS/MRD)</p> <p>a. SSN _____ b. BASD _____</p> <p>c. ETS/MRD/DATE OF SEPARATION _____</p> <p><input type="checkbox"/> NO</p>	<p>11. WAS SPOUSE IN MILITARY?</p> <p><input type="checkbox"/> YES (If yes, list spouse's SSN, BASD, ETS/Date of Separation)</p> <p>a. SSN _____ b. BASD _____</p> <p>c. ETS/DATE OF SEPARATION _____</p> <p><input type="checkbox"/> NO</p>
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12. NAME OF FAMILY MEMBERS (Other than spouse)	RELATIONSHIP	DATE OF BIRTH (YYYYMMDD)	RESIDE WITH SOLDIER (If no, explain in item 4B)
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>13. INITIAL AMOUNT AND CATEGORY OF INDEBTEDNESS (i.e., BAQ; BAS; FSA; COLA; SHA; HHG; EB; RRB; Report of Survey, etc.)</p> <p>AMOUNT _____ CATEGORY _____</p> <p>AMOUNT _____ CATEGORY _____</p> <p>AMOUNT _____ CATEGORY _____</p> <p>TOTAL _____</p>	<p>14. DATE APPLICANT NOTIFIED OF INDEBTEDNESS (YYYYMMDD)</p> <p>_____</p>	<p>15. APPLICATION BASED ON</p> <p><input type="checkbox"/> HARDSHIP <input type="checkbox"/> INJUSTICE <input type="checkbox"/> BOTH</p>
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COMPLETION OF SECTION II, III, IV, V, AND VI NOT REQUIRED IF APPLICATION IS BASED ON INJUSTICE ONLY. TURN TO SECTION VII

SECTION II - (INCOME)			DO NOT LIST ANY ONE EXPENSE IN TWO DIFFERENT LOCATIONS				
			SECTION III - (EXPENSES)				
AVERAGE MONTHLY INCOME		HUSBAND	WIFE	AVERAGE MONTHLY EXPENSES			
16a.	MONTHLY GROSS MILITARY SALARY	\$	\$	21.	RENT OR MORTGAGE PAYMENT		\$
16b.	MONTHLY GROSS CIVILIAN SALARY	\$	\$	22.	FOOD		\$
16c.	TOTAL GROSS SALARY	\$	\$	23.	TELEPHONE		\$
17a.	DEDUCTION FEDERAL, STATE, AND LOCAL INCOME TAXES	\$	\$	24.	UTILITIES		\$
17b.	SGLI/SOLDIER'S HOME	\$	\$	25.	LAUNDRY		\$
17c.	FICA	\$	\$	26.	CLOTHING		\$
17d.	OTHER (Specify) (Do not list allotments or debt payments - list only normal deductions)			27.	MEDICAL (Nonreimbursable)		\$
				28.	CAR OPERATING EXPENSE (Gas, etc)		\$
				29a.	CAR INSURANCE		\$
				b.	OTHER INSURANCE - NOT INCLUDED IN 17d. (Specify)		\$
				30.	OTHER TRANSPORTATION EXPENSE (bus, train, etc.)		\$
17e.	TOTAL DEDUCTIONS (Item 17a through 17d)	\$	\$	31.	OTHER LIVING EXPENSES NOT LISTED IN SECTION IV (Specify)		\$
18.	NET TAKE HOME PAY (Subtract item 17e from item 16c)	\$	\$	32.	SUB TOTAL		\$
19.	PENSION COMPENSATION, CHILD SUPPORT, ALIMONY, VA BENEFITS, OR OTHER INCOME (Specify)	\$	\$	33.	ALLOTMENTS (Total from Section IV, item 37g)		\$
20.	TOTAL MONTHLY NET INCOME (Item 18 plus item 19)	\$	\$	34.	MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS (Total from Section IV, item 36f)		\$
				35.	TOTAL MONTHLY EXPENSES (Items 32 through 34)		\$
SECTION IV							
(INSTALLMENT CONTRACT AND OTHER DEBTS)							
<p>Show here ALL debts which you are required to pay in regular monthly installments, such as Government debt, car, television, washing machine, payments to retailers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. DO NOT include living expenses or allotments. NOTE: If payment of a debt is not on a monthly basis, write "O" in column f and describe arrangements in Section VII - REMARKS.</p>							
NAME AND ADDRESS OF CREDITOR <i>a</i>	DATE DEBT INCURRED (YYYYMMDD) <i>b</i>	PURPOSE OF DEBT <i>c</i>	ORIGINAL AMOUNT OF DEBT <i>d</i>	UNPAID BALANCE <i>e</i>	AMOUNT DUE MONTHLY <i>f</i>	AMOUNT PAST DUE (If any) <i>g</i>	LIQUIDATION DATE (YYYYMMDD) <i>h</i> **
36a.			\$	\$	\$	\$	
36b.			\$	\$	\$	\$	
36c.			\$	\$	\$	\$	

SECTION IV - (Continued)

NAME AND ADDRESS OF CREDITOR <i>a</i>	DATE DEBT INCURRED (YYYYMMDD) <i>b</i>	PURPOSE OF DEBT <i>c</i>	ORIGINAL AMOUNT OF DEBT <i>d</i>	UNPAID BALANCE <i>e</i>	AMOUNT DUE MONTHLY <i>f</i>	AMOUNT PAST DUE (If any) <i>g</i>	LIQUIDATION DATE (YYYYMMDD) <i>h*</i>
36d.			\$	\$	\$	\$	
36e.			\$	\$	\$	\$	
36f. TOTAL			\$	\$	\$	\$	

*IF REVOLVING ACCOUNT, STATE ACTUAL DATE ACCOUNT WILL BE LIQUIDATED IF NO OTHER PURCHASES ARE MADE

(ALLOTMENTS CURRENTLY IN EFFECT)

CLASS <i>a</i>	DATE STARTED (YYYYMMDD) <i>b</i>	PURPOSE (i.e., car, furniture, savings) <i>c</i>	PAYEE <i>d</i>	AMOUNT <i>e</i>	ESTIMATED EXPIRATION DATE (Provide date obligation will be paid in full) <i>f</i>
37a.		SUPPORT a. b. c.		\$	
37b.		INSURANCE a. b. c.		\$	
37c.		FINANCIAL INSTITUTION (Specify - Institution and Purpose) a. b. c.		\$	
37d.		OTHER (i.e., red Cross, AER, etc.) a. b. c.		\$	
37e. SUBTOTAL	(Add 37a through 37d)				
37f. PROVIDE TOTAL AMOUNT FORM 37a THROUGH 37d THAT GOES INTO SAVINGS ACCOUNT					
37g. TOTAL	(Subtract line 37f from 37e)				

SECTION V

(ADDITIONAL DATA)

38a. HAVE YOU EVER DECLARED BANKRUPTCY	b. DATE DISCHARGED FROM BANKRUPTCY (YYYYMMDD)	c. LOCATION OF COURT <i>(City and State)</i>	d. DOCKET NUMBER OF KNOWN
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39. ENLISTMENT OR REENLISTMENT BONUS, LIST EACH INCREMENT OF SRB BONUS. PROVIDE INFORMATION FOR ANY BONUS RECEIVED DURING THIS ENLISTMENT/ REENLISTMENT AND ANY KNOWN AMOUNTS TO BE RECEIVED IN THE FUTURE. OFFICERS INCLUDE OFFICER ACCESSION BONUS AND OFFICER AFFLIATION BONUS IN BLOCK 39D *(if applicable)*

TYPE OF BONUS	AMOUNT RECEIVED	DATE (s) RECEIVED <i>(YYYYMMDD)</i>	AMOUNT TO BE RECEIVED	DATE (s) <i>(YYYYMMDD)</i>	INCREMENTS WILL BE RECEIVED
a. EB	\$ _____	_____	\$ _____	_____	_____
b. SRB	\$ _____	_____	\$ _____	_____	_____
c. RRB	\$ _____	_____	\$ _____	_____	_____
d. OTHER	\$ _____	_____	\$ _____	_____	_____
e. TOTAL	\$ _____	_____	\$ _____	_____	_____

40. CASH *(Item a-g: Provide total amount, not monthly amount for each category)*

a. CHECKING	\$ _____
b. SAVINGS	\$ _____
c. BUILDING AND LOAN	\$ _____
d. US SAVINGS BONDS <i>(Current value)</i>	\$ _____
e. OTHER BONDS <i>(i.e. Municipal)</i>	\$ _____
f. OTHER <i>(Specify)</i>	\$ _____
g. CASH ON HAND	\$ _____
h. TOTAL	\$ _____

41. REAL ESTATE OWNED OR BEING PURCHASED *(Approximate retail value)*

_____	\$ _____
_____	\$ _____
_____	\$ _____

42. PURCHASES SINCE AWARENESS OR NOTIFICATION OF INDEBTEDNESS *(Specify: TV; CB; Stereo; Appliances; Furniture; Jewelry; Photographic equipment, etc. and cost.)*

a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

43. VEHICLES *(List all)*

MAKE	YEAR	MODEL	MILEAGE	DATE PURCHASED <i>(YYYYMMDD)</i>
AUTOMOBILE				

TRUCK				
MOTOR CYCLE				
TRAILER				
CAMPER				
BOAT				

44. OTHER ASSETS *(Not listed in item 43)*

SECTION VI

SUMMARY

45a. COMBINED MONTHLY INCOME (Section II, item 20)

b. COMBINED MONTHLY EXPENSES (Section III, item 35)

c. BALANCE (Subtract 45b from 45a)

TOTAL FOR APPLICANT AND SPOUSE \$ _____

TOTAL FOR APPLICANT AND SPOUSE \$ _____

\$ _____

46. HOW MUCH OF THE BALANCE IN ITEM 45c CAN YOU APPLY TO YOUR DEBT TO THE US GOVERNMENT ON A MONTHLY BASIS

\$ _____

47. IF TOTAL MONTHLY EXPENSES EXCEED MONTHLY INCOME, HOW DO YOU PAY THE DIFFERENCE

SECTION VII

REMARKS

48. USE THIS SPACE AND ADDITIONAL SHEETS IF NECESSARY TO SUPPLY ANY OTHER PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWERS TO PREVIOUS ITEMS. INDICATE ITEM NUMBER TO WHICH YOUR COMMENTS APPLY. (DO NOT USE FOR SWORN STATEMENT)

SECTION VIII			
CERTIFICATION			
49. I (we) AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY (our) KNOWLEDGE AND BELIEF. THE SWORN STATEMENT AND REQUIRED INCLOSURES ARE ATTACHED. (Spouse's signature is not required when application is based on injustice only).			
DATE (YYYYMMDD)	APPLICANT'S SIGNATURE	DATE (YYYYMMDD)	SIGNATURE OF SPOUSE
PENALTY - THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE FINE AND IMPRISONMENT, OR BOTH FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE. (18 USC 1001 provides a penalty as follows: A maximum fine of \$10,000 or maximum imprisonment of 5 years, or both.)			
50. VERIFICATION BY IMMEDIATE COMMANDER OF FINANCIAL DATA (for Active Soldiers only). IF SOLDIER IS OUT OF SERVICE, DFAS WILL VERIFY DATA.			
a. I have seen documentation which substantiates that the financial data is correct. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			
b. I will <input type="checkbox"/> have <input type="checkbox"/> prepare (d) a military letter per para 3-1, AR 600-4.			
DATE (YYYYMMDD)	NAME OF IMMEDIATE COMMANDER (Type or print)	SIGNATURE	
SECTION IX			
FOR FAO OR USPFO USE			
51. COLLECTION OF DEBT SUSPENDED <input type="checkbox"/> YES <input type="checkbox"/> NO			
a. AMOUNT COLLECTED PRIOR TO SUSPENSION		\$	_____
b. AMOUNT BEING COLLECTED MONTHLY		\$	_____
c. AMOUNT UNCOLLECTED DATE OF COMMANDER'S SIGNATURE (Item 50)		\$	_____
d. AMOUNT UNCOLLECTED THIS DATE		\$	_____
DATE (YYYYMMDD)	SIGNATURE (FAO OR USPFO)		
52. VERIFICATION BY FAO OR USPFO (Checklist) (All items listed below must be completed or attached, as applicable.)			
<input type="checkbox"/> ALL APPLICABLE ITEMS OF THE APPLICATION HAVE BEEN COMPLETED.			
<input type="checkbox"/> APPLICATION HAS BEEN SIGNED BY APPLICANT AND SPOUSE, IF APPLICABLE.			
<input type="checkbox"/> APPLICATION HAS BEEN VERIFIED BY IMMEDIATE COMMANDER OR DFAS FOR OUT OF SERVICE SOLDIERS.			
<input type="checkbox"/> APPLICANT'S SWORN STATEMENT.			
<input type="checkbox"/> A COPY OF THE APPLICANT'S MILITARY LEAVE AND EARNINGS STATEMENT.			
<input type="checkbox"/> DOCUMENTS DISCLOSING CAUSE, REASON, CATEGORY, AMOUNT AND INCLUSIVE PERIOD OF INDEBTEDNESS (i.e., DD Form 139). SEE PARA 2-4a(3) FOR ADDITIONAL EXAMPLES.			
<input type="checkbox"/> A COPY OF THE APPLICANT'S LAST LEAVE AND EARNINGS STATEMENT FOR ANNUAL TRAINING, IF APPLICABLE.			
<input type="checkbox"/> A COPY OF THE APPLICANT'S LAST W-2 FROM HIS OR HER FULL-TIME EMPLOYER, IF APPLICABLE.			
<input type="checkbox"/> ADDITIONAL INCLOSURES THAT ARE APPLICABLE (i.e., copy of documentation submitted which authorized receipt of the erroneous payment). SEE PARA 2-4b, FOR ADDITIONAL EXAMPLES.			
<input type="checkbox"/> MILITARY LETTER BY IMMEDIATE COMMANDER WITH RECOMMENDATION PER PARA 3-1. (If applicable or Soldiers on active duty).			
<input type="checkbox"/> INDORSEMENT BY COMMANDER HAVING SPECIAL COURT-MARTIAL JURISDICTION OR ARNG NEXT HIGHER FIELD GRADE COMMANDER WITH RECOMMENDATION PER PARA 3-2 (If applicable or Soldiers on active duty).			
<input type="checkbox"/> INDORSEMENT BY COMMANDER HAVING GENERAL COURT-MARTIAL JURISDICTION OR STATE ADJUTANT GENERAL PER PARA 3-4, IF APPLICABLE.			
<input type="checkbox"/> INDORSEMENT BY FAO OR USPFO PER PARA 3-3.			