

APPLICANT/NOMINEE PERSONAL FINANCIAL STATEMENT

For use of this form, see AR 601-1; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

- AUTHORITY:** 5 U.S.C. 301, Departmental Regulation; 10 U.S.C. 3013, Secretary of the Army; AR 601-1, Assignment of Enlisted Personnel to the US Army Recruiting Command.
- PRINCIPAL PURPOSES:** To verify that the individual meets financial criteria and is suitable for selection and assignment for recruiting duty. This form will be used during inprocessing at the Army Recruiter Course to confirm continued eligibility for recruiting assignment.
- ROUTINE USES:** None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system.
- DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in selection and assignment made without consideration of your financial status.

1. NAME (<i>Last, First, Middle</i>)		2. GRADE	
3. Are you now or have you ever filed for bankruptcy? (<i>If yes, state when, where, and why.</i>)		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever received a letter(s) of indebtedness? (<i>If yes, enter month and year below.</i>)		<input type="checkbox"/>	<input type="checkbox"/>
5. MONTHLY INCOME	AMOUNT	TOTAL	
a. Basic Pay		X	
b. Separate Rations			
c. Clothing Allowance			
d. Total Military Income Before Taxes (<i>Total of a thru c above</i>)			
e. Subtract FICA and Income Taxes	<i>(Subject)</i>		
f. Total After Tax Income	<i>(Equal)</i>		
g. Any other Monthly Income (<i>Do not include Spouse's income</i>)	<i>(Add)</i>		
TOTAL MONTHLY SPENDABLE INCOME	<i>(Equal)</i>		

ADDITIONAL INFORMATION OR REMARKS

6. ASSETS	YES	NO	AMOUNT
a. Do you have a savings account? <i>(Enter approximate balance)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do you own stocks, bonds, or benefit from a trust? <i>(Enter approximate value)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do you own <i>(with no payments)</i> : (1) Vehicles MAKE MODEL YEAR _____ _____ (Enter total estimated value)	<input type="checkbox"/>	<input type="checkbox"/>	
(2) <input type="checkbox"/> Home <input type="checkbox"/> Trailer ("x" one) (Enter total estimated value)	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Furniture <i>(Enter estimated value)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Land <i>(Enter estimated value)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL ASSETS			
7. MONTHLY EXPENDITURES/LIABILITIES			MONTHLY PAYMENT
a. Cost of food <i>(Include meals eaten out, school lunches, etc.)</i>			
b. Clothing <i>(Dry cleaning/laundry)</i>			
c. Medical <i>(Doctor, orthodontist, special medications, special schooling or treatment for handicapped family member)</i>			
d. Insurance <i>(Life, auto, homeowner, other)</i>			
e. Vehicle expenses (1) MAKE MODEL YEAR _____ _____ _____ (Enter total estimated value)			
(2) Gas, Oil, maintenance			
f. List charge cards or credit cards for which you have an outstanding balance:	BALANCE OWED		
NAME			

7. MONTHLY EXPENDITURES/LIABILITIES <i>(Continued)</i>			BALANCE OWED	MONTHLY PAYMENT
g. List finance companies, banks, credit unions, or other institutions where you have an outstanding loan:				
NAME				
h. Alimony or child support.				
i. Any allotments for purposes not listed above? <i>(If yes, state for what purpose.)</i>	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
j. Any other indebtedness or financial obligation not listed above? <i>(Use remarks section to explain if necessary.)</i>	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
TOTAL MONTHLY EXPENDITURES/LIABILITIES				
REMARKS				

8. SIGNATURE OF VOLUNTEER/NOMINEE	9. DATE
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