

DEFENSE FINANCE AND ACCOUNTING SERVICE INDIANAPOLIS CENTER 8899 EAST 56TH STREET INDIANAPOLIS, INDIANA 46249-3300

Instructions for submitting a request for monthly installment payments (VRA/FHA):

IT IS VERY IMPORTANT TO READ THE FOLLOWING STEPS ON HOW TO FILL OUT YOUR REQUEST FOR REDUCED PAYMENTS TO AVOID ANY AUTOMATIC DISAPPROVAL.

- 1. Please ensure the following documents are filled out completely and accurately to the best of your knowledge.
- 2. Before we can render a decision on your request for reduced payments, a complete, accurate Voluntary Repayment Agreement (VRA) and a Financial Hardship Application (FHA) is required. A blank copy of the VRA/FHA accompanies this instruction page. Your financial status will be reviewed to determine if payment by installment is appropriate.
- 3. DFAS maintains the discretion to reject an unacceptable proposed reduce monthly installment amount.
- 4. It may take multiple billing cycles for our office to make a determination on your reduced payment request. It is vital that you begin making your requested monthly payments while your application is being reviewed. If no payments are received on your account, you are running the risk of your account being forwarded to the credit bureaus and the Department of Treasury.
- 5. No modification of the terms of this VRA shall be allowed unless by written agreement signed by both parties in the form of a new VRA.
- 6. This VRA/FHA is only for those debtors that still have an account with DFAS. If you are unsure if your account is still with DFAS, please check your status at http://www.dfas.mil/debtandclaims.html. It is possible that your account has already been sent to the Department of Treasury for potential enforced collections. Please use the link above to determine the current status. You can also call our Care Center (866) 912-6488 for status of account.
- 7. If your address has changed from the current address we have on file, please call our Customer Care Center or email us with address change in the subject line for prompt changes to your account.

SUBMISSION INSTRUCTIONS (Mail, Fax, or Email)

You can **mail** back the required documents in this packet with a signed copy of the arrangement letter within 15 days to:

DFAS-IN/Debt and Claims, Department 3300 Attn: Customer Service Center 8899 East 56th St., Indianapolis, IN 46249

You can also **fax** the required documents and signed copy of the arrangement letter to (317) 275-0281 Attn: Customer Care Center

You can also **email** the required documents to <u>oosdebt@dfas.mil</u>. Remember, regardless of how you submit, we need your signature on the VRA/FHA.

Sincerely,

Customer Care Center Accounts Receivable – Debt and Claims 1-866-912-6488

Account Number:	
VOLUNTARY REPAYMENT AGREEMENT (VRA	()

FOR PAYMENT BY INSTALLMENT

I, ("debtor"), acknowledge that I owe and am obligated to repay a debt to the United States. I agree to repay by installment the full amount of the debt shown on the account statement dated I understand that DFAS will send me a monthly account statement and I will be required to pay the amount billed within 30 days from the date of the account statement. I agree to pay the debt under the following terms and conditions:
1. Payment Obligation: I agree to repay the debt in the manner I have selected below (select one):
Installment Amount Listed on the Account Statement dated
I agree to pay, on a monthly basis, the "Installment Amount" listed on the initial account statement I received. My first installment payment must be received by the date listed on the account statement. Failure to submit my first payment by the due date will result in the cancellation of this VRA and I understand I will be billed for the full balance of my debt. Timely payment of my monthly installment should result in the full payment of my debt within 36 months. Interest will continue to accrue each month on the remaining balance of my debt.
Reduced Monthly Installment Amount
Payment at the monthly rate shown on the initial account statement would result in an extreme financial hardship for me. I am requesting a reduced monthly payment based on my financial status as indicated in the enclosed Financial Hardship Application. I agree to make a reduced monthly payment in the amount of for 1 year from the date of this VRA. After 1 year, I understand I will be billed in full for the remaining amount of my debt and if I am unable to pay the debt in full, I must enter into a new VRA. Interest will continue to accrue each month on the remaining balance of my debt.

- 2. Review of Financial Status. Your financial status must be reviewed to determine if payment by installment is appropriate. You MUST submit a completed Financial Hardship Application with your VRA in order for DFAS to approve your request to pay the debt by installment. DFAS maintains the discretion to reject an unacceptable VRA.
- **3. Crediting of Payments Made**. Payments will be credited in the following order: first, to outstanding late payment penalties and administrative charges; second, to accrued and unpaid interest; and third, to the principal balance owed.

- **4. Interest, Late Payment Penalties, and Administrative Charges**. Pursuant to 31 U.S.C. 3717, interest, late payment penalties, and administrative costs are charged on debts owed to the United States. Late penalties shall be charged in an amount not to exceed 6 percent per year on any amount that is more than 90 days past due.
- **5. Default and Demand for Immediate Payment in Full**. In the event I default on my obligation under this VRA, DFAS shall be entitled to terminate this VRA without notice. Upon termination, DFAS shall retain all amounts paid. Any unpaid balance of the debt will be automatically reinstated and shall become immediately due and payable pursuant to law. DFAS shall be entitled to take any lawful action it deems appropriate to collect the debt.

I certify that I have read and understand the terms of this VRA.

Signature of Debtor:	Date:
Printed Name:	
Address:	
Modification. No modification of the terms of this	s VRA shall be allowed.
DO NOT WRITE BELO	OW THIS LINE
As an authorized representative of the United Stagreement set forth above.	ates, I hereby accept the installment
Agency Representative	
Signature:	Date:
Printed Name: Title a	nd Agency:

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.

Financial Hardship Application (FHA)

Financial Statement of Debtor

(Submitted for Government Action on Claims Due the United States)

Note: Complete all blocks. Write "N/A" (not applicable) in those blocks that do not apply. Use additional sheets where space on this form is insufficient or continue on back of this page.

Privacy Act Notice: We are asking you for this information pursuant to the U. S. Department of Defense and the U. S. Department of the Treasury's authority to collect debts owed to the United States, which is found at 31 U.S.C. 321, 3701 et seq., and 31 C.F.R. parts 285 and parts 900-904. The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. This information may be disclosed to other Federal agencies, credit bureaus, and private collection agencies for the purpose of collecting debt(s) owed by you to the United States. Your name and social security number may be disclosed to your employer if we decide to garnish your wages to collect debt(s) owed by you to the United States. This information may also be disclosed to a court, magistrate, congressional office, or a Federal, state, or local government agency, as authorized or required by Federal law. We are required to ask you for your social security number pursuant to 31 U.S.C. 7701(c)(1). Your social security number will be used for purposes of collecting and reporting on any delinquent amounts you owe to the United States. Disclosure of your financial information is voluntary. However, if the requested information is not furnished, the U. S. Department of Defense may not be able to resolve your debt pursuant to a mutual agreement.

	PERSONAL II	NFORMATION	ON			
1. Name (Debtor)	2. Birth Date (Month/Day/Year)		3. Social Security Number			
4. Home Address (Street)	(City, State & Zip 6		Code)			
5. Home Phone (Area Code)		6. Cellular Phone Num	ber (Area Code)			
7. Marital Status □ Married □ Separated □ Unmarried (single, divorced, widowed)	8. Spouse's Social Security Number:		9. Spouse's Birth Date (Month/Day/Year):			
	EMPLOYMENT	INFORMAT	TION			
10. Present Employer's Name		11. Employer's Phone Number				
12. Employer's Address (Street)		(City, State, and Zip Code)				
13. Job Title		14. Present Employment (Length)				
15. Spouse's Employer's Name		16. Employer's Phone Number				
17. Employer's Address (Street)		(City, State, and Zip Code)				
18. Job Title		19. Present Employment (Length)				
SA	LARY, WAGES,	and other IN	NCOME			
20. Your monthly household gross salary/wa	ages (before any deductio	ns):	\$			
21. Your total household take home pay (after	er deductions) is:		\$			
22. Other income (commissions, rental incompared to the commissions) and the commissions of the commission of the commis	ne, social security, unem	ployment, etc):	\$			

*** <u>NOTE</u>: You must attach proof of all income listed above (ex: pay stub or other income verification) ***

FIXED MONTHLY EXPENSES					
Rent/Mortgage	\$	Car Insurance	\$		
Auto Payment	\$	Telephone	\$		
Utilities (total)	\$	Food	\$		
Electricity	\$	Public Transportation	\$		
Cable TV	\$	Other (Specify)	\$		
Natural Gas	\$		\$		
Gasoline	\$		\$		
Water	\$				
Other Utilities (Specify)	\$				
		Grand Total	\$		

REAL PROPER	TY:	HOME/RENT	ΓAL, FARN	1/L	<u>AN</u>	ID/VAC	ATI	ON/OTHER
23. Are you buying the home in which you live? \square Yes \square No								
24. Are you buying or do you own i	real prop	erty other than your	home? Yes		N	0		
25. List the value of each piece of p	roperty a	and your equity in it:						
Street Address, City, Sate, Zip		· · · ·				Loan Bala	ince	Monthly Payment
Lender/Lien Holder						20411 2411		
<u> Bender, Bien Horder</u>								
Street Address, City, Sate, Zip						Loan Bala	naa	Monthly Payment
Lender/Lien Holder						Loan Daia	ince	Within Fayment
Lender/Lien Holder								
26. Is any of the above listed proper	rtv owne	d iointly with anyone	e else?	es		No		
If yes, list property and the nam								
Property:			Co-Owner:					
Property:			_ Co Owner: _					
Troperty.			_ co-owner					
27. Do you rent property to others?	☐ Ye	s \square No If yes,	what is the net in	con	ne to	you? \$		
7 1 1		•				<u> </u>		
CRED	IT SU	IMMARY, LC)ANS, OTH		R R	EPAYN	IENT	rs .
List credit card, installment, or other								
Creditor		Limit (If Applicable)	Amount			of Last Payn		Minimum Payment
CI CONTO	010010	Ziiiii (ii i ippiieuoie)	Owed	_		21 245t I uj I		1,1111111111111111111111111111111111111
			0 ca					
							-	
			CASH					
Provide name and address of the ba	nk or fin	ancial institution, an	d the amount in e	each	acce	ount or on d	eposit:	
Type of Account		N	ame of Bank or					Amount in Account or
• •		Fin	ancial Institution					on Deposit
Checking:								1
C							\$	
Checking:								
Checking.							\$	
g :							Ψ	
Savings:							Φ.	
							\$	
Savings:								
							\$	
Money Market:								
							\$	
401K:								
Other:								
· 							\$	
				Tot	al A	mount:	\$	
				101	MI A	mount.	Ψ	

	OTHER	ASSETS	S
28. Do you own stocks or other types of bond	ls? ☐ Yes ☐ No	If yes, list	name and address of issuer and the value:
Name of Issuer			Current Value of all Stocks/Bonds
29. Do you receive any other cash compensat	ions, i.e., insurance and	nuity, lottery	winnings, pensions, or disability benefits?
\square Yes \square No If yes, list the sou	rce and the amount be	low:	
Source			Amount
		\$	
30. List information regarding any vehicle be	ing purchased or leased	d by you, you	ur spouse/companion or dependent:
Model/Year	Loan Balance (if app		Monthly Payment
	Total Monthly Paym	ents	\$
Is any of the property listed above owned join <i>If yes, with whom:</i>	tly with anyone else?	☐ Yes ☐	No
* •	ICH MIGHT A	FFECT	FUTURE ASSETS:
31. Are you involved in a lawsuit in which you If yes, state where the suit is filed and what it is	ou might receive money	y or somethin	g of value:
32. Are you a Trustee, Executor, or Administration of the second of the	rator of an estate?	Yes 🗌 No	
33. Is anyone holding money on your behalf? <i>If yes, give specific details:</i>	☐ Yes ☐ No		
34. Are there any outstanding unpaid judgment If yes, give specific details and attach copies of		ts other than	this one? Yes No
and U.S. Department of Treasury, I certify the and assets, real and personal, whether held is Date: Date:	financial statement is nat I believe the above n my name or by any o Signa Signa	submitted by statement is other. ture:	e Code 1001 (\$10,000 fine and/or five years me to affect action by the U. S. Department of Defense true and that it is a complete statement of all my income and that it is a complete statement of all my income action on the back of this page or any page, please also

Submission Instructions:

 $\label{lem:mail-back} \mbox{Mail back this signed VRA/FHA along with all required documents mentioned previously in this packet to:}$

DFAS-IN Attn: Customer Care VRA-FHA 8899 East 56th St. Indianapolis, IN 46249-3300