# APPLICANT/NOMINEE PERSONAL FINANCIAL STATEMENT

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

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

Authority for Collection of Information: 5 USC 301.

**PRINCIPAL PURPOSES:** PERSCOM - To verify that individual meets financial criteria in accordance with AR 601-1 and is suitable for selection and assignment to recruiting duty.

USAREC - To ascertain financial status of recruiter selectee; to develop assignment for the individual relative to the varying cost in certain geographical locations.

**ROUTINE USES:** Used during inprocessing at the Army Recruiter Course to confirm continued eligibility for recruiting assignment.

**DISCLOSURE:** Completion of this form is voluntary. If requested information is not provided, selection and assignment will be made without consideration of financial status.

| 1. NAME (*Last, First, Middle*) | 2. GRADE | 3. SSN |
|---|---|---|
| | | |

| 4. Are you now or have you ever filed for bankruptcy? *(If yes, state when, where, and why.)* | YES | NO |
|---|---|---|
| | | |

| 5. Have you ever received a letter(s) of indebtedness? *(If yes, enter month and year below.)* | | |
|---|---|---|
| _____MONTH | _____YEAR | |
| _____MONTH | _____YEAR | |

| 6. MONTHLY INCOME | AMOUNT | TOTAL |
|---|---|---|
| a. Basic Pay | | |
| b. Separate Rations | | |
| c. Clothing Allowance | | |
| d. Total Military Income Before Taxes *(Total of a thru c above)* | | |
| e. Subtract FICA and Income Taxes | *(Subject)* | |
| f. Total After Tax Income | *(Equal* | |
| g. Any other Monthly Income *(Do not include Spouse's income)* | *(Add)* | |
| TOTAL MONTHLY SPENDABLE INCOME | *(Equal* | |

ADDITIONAL INFORMATION OR REMARKS

| 7. ASSETS | YES | NO | AMOUNT |
|---|---|---|---|
| a. Do you have a savings account? *(Enter approximate balance)* | | | |
| b. Do you own stocks, bonds, or benefit from a trust? *(Enter approximate value)* | | | |
| c. Do you own *(with no payments):*<br>(1) Vehicles<br>MAKE MODEL YEAR<br>_____<br>_____<br>(Enter total estimated value) | | | |
| (2) _____ Home _____ Trailer ("x" one)<br>(Enter total estimated value) | | | |
| (3) Furniture *(Enter estimated value)* | | | |
| (4) Land *(Enter estimated value)* | | | |
| TOTAL ASSETS | | | |

| 8. MONTHLY EXPENDITURES/LIABILITIES | MONTHLY PAYMENT |
|---|---|
| a. Cost of food *(Include meals eaten out, school lunches, etc.)* | |
| b. Clothing *(Dry cleaning/laundry)* | |
| c. Medical *(Doctor, orthodontist, special medications, special schooling or treatment for handicapped family member)* | |
| d. Insurance *(Life, auto, homeowner, other)* | |
| e. Vehicle expenses<br>(1) MAKE MODEL YEAR<br>_____<br>_____<br>_____<br>*(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 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| 8. MONTHLY EXPENDITURES/LIABILITIES *(Continued)* | | | BALANCE OWED | MONTHLY PAYMENT |
|---|---|---|---|---|
| g. List finance companies, banks, credit unions, or other institutions where you have an outstaning loan:<br>NAME | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| h. Alimony or child support. | | | | |
| i. Any allotments for purposes not listed above?<br>*(If yes, state for what purpose.)* | YES | NO | | |
| | | | | |
| j. Any other indebtedness or financial obligation not listed above? *(Use remarks section to explain if necessary.)* | | | | |
| TOTAL MONTHLY EXPENDITURES/LIABILITIES | | | | |

REMARKS

| 9. SIGNATURE OF VOLUNTEER/NOMINEE | 10. DATE |
|---|---|
| | |