

# APPLICANT'S MONTHLY FINANCIAL STATEMENT

For use of this form, see AR 601-210; the proponent agency is ODCSPER

DATE

|  |   |
|--|---|
| 1. LAST NAME, FIRST NAME, MIDDLE INITIAL | 2. RESIDENCE OF DEPENDENTS WHILE SEPARATED FROM APPLICANT |
|--|---|

|  |    |        |  |
|--|----|--------|--|
| 3. CURRENT INCOME                              |    |        |  |
| Salary <sup>1</sup>                            | \$ |        |  |
| Other income <i>(current)</i> <sup>2</sup>     | \$ | source |  |
| Other income <i>(if enlisted)</i> <sup>3</sup> | \$ | source |  |

|  |    |   |    |
|--|----|---|----|
| <b>4a. Liabilities to apply against above income</b> |    | <b>4b. Liabilities to apply against military income</b> |    |
| Rent   | \$ | Rent or house notes                                     | \$ |
| Utilities  |    | Utilities   |    |
| Food   |    | Food  |    |
| Medical  |    | Clothing  |    |
| Clothing   |    | Insurance <i>(Life)</i>                                 |    |
| Insurance <i>(Life)</i>                              |    | Insurance <i>(Auto)</i>                                 |    |
| Insurance <i>(Auto)</i>                              |    | Car operating expenses                                  |    |
| Car operating expense                                |    | Car notes   |    |
| Car notes  |    | Payment on other debts <sup>4</sup>                     |    |
| Payment on other debts <sup>4</sup>                  |    | Other indebtedness or financial obligations             |    |
| Other indebtedness or financial obligations          |    |   |    |
| TOTAL  | \$ | TOTAL   | \$ |

|                     |    |                          |  |
|---------------------|----|--------------------------|--|
| <b>5. Assets</b>    |    |                          |  |
| Savings             | \$ | Rooms of furniture owned |  |
| Bonds, stocks, etc. |    | Number of vehicles       |  |
| Furniture           |    |                          |  |
| Motor vehicles      |    |                          |  |
| Other assets        |    |                          |  |
| TOTAL               | \$ |                          |  |

6. ADDITIONAL INFORMATION OR REMARKS *(In the event a move of dependents is indicated, include information as to disposition of furniture, if applicable, any other information you feel is pertinent to your current and future financial stability.)*

*The above is true to the best of my knowledge, and includes all current and known future obligations and/or demands against my income.*

|           |                        |
|-----------|------------------------|
| WITNESSED | SIGNATURE OF APPLICANT |
|-----------|------------------------|

<sup>1</sup> If applicant is currently unemployed, indicate salary for last employment and employment termination date.  
<sup>2</sup> Indicate additional current monthly income including spouse's salary, if employed. If income is from more than one source, indicate each source and amount of that source.  
<sup>3</sup> Indicate anticipated income other than military salary if enlistment is approved.  
<sup>4</sup> See item 23, DA Form 3072-1.