APPLICATION FOR REMISSION OR CANCELLATION OF INDEBTEDNESS

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

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 an enlisted member for remission and cancellation of a 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 a 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 I

1. **TO:** *(Complete address and telephone number of unit Cdr.)*
   (Include AUTOVON number)

2. **FROM:**
   a. NAME *(Last, first, MI)* _____

   b. RANK _____ c. PAY GRADE _____
   d. SOCIAL SECURITY NUMBER _____

3. SERVICE DATA
   a. ETS _____ d. PMOS _____
   b. BASD _____ e. DMOS _____
   c. PEBD _____

4. PRESENT ORGANIZATION, STATION AND TELEPHONE NO. *(Include AUTOVON number)*
   a. _____
   b. AUTOVON NO. _____

5a. STATION/UNIT WHERE DEBT INCURRED *(Include the State)*
   _____
   _____
   b. DATE DEBT INCURRED _____
   c. DSSN AT TIME DEBT INCURRED _____

6. INTEND TO
   a. REENLIST ☐ YES ☐ NO
   b. EXTEND ☐ YES ☐ NO
   c. ☐ UNDECIDED

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

8. NAME OF SPOUSE *(Last, first, MI, maiden)*

9. DOES SPOUSE RESIDE WITH SOLDIER
   ☐ YES ☐ NO *(If no, explain)*

10. IS SPOUSE IN MILITARY
   ☐ YES *(If yes, list spouse's SSN, BASD, ETS)* ☐ NO
   a. SOCIAL SECURITY NUMBER _____
   b. BASD _____ c. ETS _____

11. WAS SPOUSE IN MILITARY
   ☐ YES *(If yes, list spouse's SSN, BASD, ETS)* ☐ NO
   a. SOCIAL SECURITY NUMBER _____
   b. BASD _____ c. ETS _____

12.

NAME OF FAMILY MEMBERS *(Other than spouse)*	RELATIONSHIP	DATE OF BIRTH	RESIDE WITH SOLDIER *(If no, explain in item 48)*
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

13. INITIAL AMOUNT AND CATEGORY OF INDEBTEDNESS *(i.e., BAQ; BAS; FSA; COLA; SHA; HHG; EB; RRB, Report of Survey, etc.)*

   AMOUNT _____ CATEGORY _____
   AMOUNT _____ CATEGORY _____
   AMOUNT _____ CATEGORY _____
   TOTAL _____

14. DATE APPLICANT NOTIFIED OF INDEBTEDNESS

15. APPLICATION BASED ON
   ☐ HARDSHIP ☐ INJUSTICE ☐ BOTH

COMPLETION OF SECTION II, III, IV, V, AND VI NOT REQUIRED IF APPLICATION IS BASED ON INJUSTICE ONLY. TURN TO SECTION VII

DA FORM 3508-R, OCT 83   EDITION OF MAY 81 IS OBSOLETE.   USAPPC V1.00