

FINANCIAL PLANNING WORKSHEET

READ PRIVACY ACT STATEMENT BELOW BEFORE COMPLETING FORM.	DATE:
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AUTHORITY: Title 10, U.S.C., Section 3014.
 PRINCIPAL PURPOSE(S): To provide financial assistance by identifying assets and liabilities of authorized individuals and determining appropriate financial assistance necessary.
 ROUTINE USE(S): SSN is used for ID purposes when verifying data with other government agencies and creditors. Data is used for statistical reporting only and to assist AER Section, DCA, in determining need for financial aid and ability to repay
 DISCLOSURE: Disclosure is voluntary; however, failure to provide information may preclude or delay appropriate assistance.

NAME (First, MI, Last)	AGE	PAY GRADE
UNIT	ETS DATE	YEARS IN SERVICE
SPOUSE'S NAME (First, MI, Last)	AGE	NUMBER OF CHILDREN
SPOUSE'S PLACE OF EMPLOYMENT		OTHER DEPENDENTS
HOME ADDRESS		
HOME TELEPHONE NUMBER	DUTY TELEPHONE NUMBER	REFERRED BY

<p style="text-align: center;">MILITARY STATUS</p> <input type="checkbox"/> PERMANENT PARTY <input type="checkbox"/> STUDENT <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> OTHER: _____	<p style="text-align: center;">MARITAL STATUS</p> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	<p style="text-align: center;">SOLDIER DOMICILE</p> <input type="checkbox"/> WITH FAMILY IN FAMILY HOUSING WITH FAMILY OFF POST <input type="checkbox"/> IN BARRACKS <input type="checkbox"/> OFF POST WITHOUT FAMILY	<p style="text-align: center;">FAMILY DOMICILE</p> <input type="checkbox"/> WITH SOLDIER IN FAMILY HOUSING WITH SOLDIER OFF POST <input type="checkbox"/> SEPARATE FROM SOLDIER LOCALLY <input type="checkbox"/> SEPARATE FROM SOLDIER ELSEWHERE
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DO YOU (OR YOUR SPOUSE) OWN A CAR? YES NO

MAKE	MODEL	YEAR	COLOR/OTHER

REMARKS:

MONTHLY INCOME

	ACTUAL	PROJECTED	REMARKS
ENTITLEMENTS			
BASE PAY			
BASIC ALLOWANCE FOR HOUSING (BAH)			
BASIC ALLOWANCE FOR SUBSISTENCE (BAS)			
GROSS PAY (SUBTOTAL A)			
ALLOTMENTS AND COLLECTIONS			
BOND ALLOTMENTS***			
SAVINGS ALLOTMENTS***			
SERVICEMAN'S GROUP LIFE INS. (SGLI)			
FEDERAL INCOME TAX (FITW)			
STATE INCOME TAX (SITW)			
SOCIAL SECURITY (FICA)			
MEDICARE			
DEPENDENT DENTAL			
ADVANCE PAY			
TOTAL DEDUCTIONS (SUBTOTAL B)			
SERVICE MEMBER'S NET PAY (A-B=C)			
OTHER INCOME			
SERVICE MEMBER'S OTHER EARNINGS			
SPOUSE'S NET EARNINGS			
BOND ALLOTMENTS***			
SAVINGS ALLOTMENTS***			
SAVINGS			
INTEREST/INVESTMENTS			
RETIRED PAY OR PENSION			
TOTAL OTHER INCOME (SUBTOTAL D)			
TOTAL MONTHLY INCOME (C + D = E)			

NOTE: PAY ENTITLEMENTS ARE TAXABLE. ALLOWANCE ENTITLEMENTS ARE NOT TAXABLE.
 *** CARRY BOND/SAVINGS ALLOTMENTS FIGURES FROM "ALLOTMENTS AND COLLECTIONS" TO OTHER INCOME."

MONTHLY LIVING EXPENSES

	LIVING EXPENSES	ACTUAL	PROJECTED	REMARKS
SAVINGS	General			
	Investments			
FOOD	Groceries			
	Meals at Work			
HOUSING	Rent/Mortgage Payment			
	Taxes			
	Furniture Rental			
	Other			
UTILITIES	Electricity			
	Gas/Oil			
	Water/Sewage			
	Garbage Removal			
	Telephone			
	Pager/Mobile Phone			
	Cable TV			
	Pest Control			
TRANSPORTATION	Bus/Taxi			
	Car Pool			
	Repairs			
	Gasoline/Oil			
	Other			
CLOTHES	Laundry/Dry Cleaning			
	Annual Clothes Purchase (1/12)			
	Expenses for Uniforms			
INSURANCE	Auto			
	Life (Other Than SGLI)			
	Health			
	Homeowners/Renters			
HEALTH	Prescription Drugs			
	Doctor/Hospital Visits			
	Dentist			
EDUCATION	Tuition			
	Books			
	Fees			
	School Lunches/Meals			
CONTRIBUTIONS	Club Dues			
	Church			
	Charity			
	Other			
MIXED MEDIA	Newspapers			
	Magazines			
	Books			
	Records/Tapes/CDs			
	Internet Services			
	Other			
PERSONAL	Beauty Shop			
	Barber Shop			
	Cigarettes			
	Personal Hygiene			
	Manicure			
	Other			
ENTERTAINMENT	Meals Out			
	Movies			
	Hobbies			
	Sports			
	Other			
DEPENDENT CARE	Child Care			
	Child Support			
	Diapers/Formula			
	Alimony			
	Allowances			
PERIODIC EXPENSES	Household Repairs			
	Gifts/Holidays			
	Other			
	Other			
TOTAL MONTHLY LIVING EXPENSES (F)				

INDEBTEDNESS

(DO NOT INCLUDE ANY DEBTS PAID BY ALLOTMENT!)

CREDITOR	ADDRESS TELEPHONE NUMBER	PURPOSE (TYPE)	MONTHLY PAYMENT	BALANCE	PROJECTED PAYMENT	AMOUNT PAST DUE
TOTALS						

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL SHEET.

<u>NET INCOME</u> <input style="width: 150px; height: 20px;" type="text"/>	<u>DEBTS</u> <input style="width: 150px; height: 20px;" type="text"/>
<u>LIVING EXPENSES</u> <input style="width: 150px; height: 20px;" type="text"/>	<u>SURPLUS OR DEFICIT</u> <input style="width: 150px; height: 20px;" type="text"/>
<u>AMOUNT LEFT TO PUT TOWARD DEBTS</u> <input style="width: 150px; height: 20px;" type="text"/>	