

## 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
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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
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<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.