

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 ¹	\$		
Other income <i>(current)</i> ²	\$		
Other income <i>(if enlisted)</i> ³	\$		
4a. Liabilities to apply against above income		4b. Liabilities to apply against military income	
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 ⁴	
Payment on other debts ⁴		Other indebtedness or financial obligations	
Other indebtedness or financial obligations			
TOTAL	\$	TOTAL	\$
5. Assets			
Savings	\$	Rooms of furniture owned	
Bonds, stocks, etc.		Number of vehicles	
Furniture			
Motor vehicles			
Other assets			
TOTAL	\$		
6. ADDITIONAL INFORMATION OR REMARKS <i>(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.)</i>			
<i>The above is true to the best of my knowledge, and includes all current and known future obligations and/or demands against my income.</i>			
WITNESSED		SIGNATURE OF APPLICANT	

¹ If applicant is currently unemployed, indicate salary for last employment and employment termination date.

² 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.

³ Indicate anticipated income other than military salary if enlistment is approved.

⁴ See item 23, DA Form 3072-1.