## **ENLISTEE FINANCIAL STATEMENT**

OMB NO: 0703-0020

Expires:

The public reporting burden for this collection of information is estimated to average 33 minutes per response including the time for reviewing instructions, searching existing date sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0703-0020). Respondents should be aware that not withstanding any other provision of law, no person shall be subject to any penalty for failing to comply with collection of information if it does not display a currently valid OMB control number.

## PLEASE DO NOT RETURN YOUR ENLISTEE FINANCIAL STATEMENT TO THE ABOVE ADDRESS.

## **PRIVACY ACT STATEMENT**

<u>Authority</u>. Title 5, USC, Section 301 establishes Departmental regulations. Title 10, USC, Section 503 provides information on enlistment, Section 504 provides information on persons not qualified for enlistment in the armed forces, Section 508 establishes reenlistment qualifications and Section 12103 establishes Reserve components qualifications. and E.O. 9397 (SSN). SORN ID# N01130-1

Purposes. To provide recruiters with information concerning personal financial status and other individualized items which may influence the decision to select or not select an individual for enlistment in the U.S. Navy. To provide historical data for comparison of financial status of current applicants with those selected in the past. To provide delayed entry personnel with training modules and allow DON officials to use the Navy Applicant Management Information System (NAMIS) to conduct surveys and administer on-line screening tools that identify whether the delayed entry personnel qualify for special operations programs and other high-priority programs.

Routine Uses. This information will be accessed by recruiters and DON officials with a need to know in support of requests for enlistment in the U.S. Navy. Information may also be released to officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the management of quality military recruitment and the recruitment of Merchant Marine personnel.

affirm that I have read	, understand, and agree to the abo	ve Privacy Act Statement.				
			Signature of Appl	icant Date		
		ized U.S. Navy personnel and or when required by instructi	d shall be completed by all applicants ion.	with dependents enlisting or		
	complete this financial state		ial statement prior to shipping to RTC C. The signature of the spouse is man			
Applicant Nam	e (Last, First, MI)	2. Date of Birth	3. Eligible Pay Grade	4. Date		
i. Applicant's Curr	Applicant's Current Employer		5a. Employed Since	5b. Net Monthly Pay		
. Spouse's Current Employer		6a. Employed Since	6b. Net Monthly Pay			
7. Other Applicant's/Family Sources of Income		7a. Employed Since	7b. Net Other Income			
			8. Total Family Net Income	: (5b+6b+7b)		
accounting Service		l at www.dfas.mil/militarypay/m	pased on the current Defense Finance and nilitarypaytables.html.	9a. Est. Gross Base Pa		
10. Number of De	pendents AG	EAGEAGI	EAGEAGE	AGE		
11. Housing: Ren	t Own Buying C	ther Explain	1:	1a. Monthly Housing Cost:		
12. Savings and Checking Assets:	a. Do You Have a Savings Account Yes No Current Balance:					
	b. Do You Have a Checking Account Yes No Current Balance:					
3. Debt Payment History:	a. Have you ever filed for bankruptcy?  Yes No If yes, explain in block 16					
	b. Have you ever been late on any payment more than 30 days? Yes No If yes, explain in block 16					
	c. Do you have any liens or judgments pending against you? Yes No If yes, explain in block 16					
	d. Do you have or ever had anything in collections?  Yes No If yes, explain in block 16					

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14. Monthly Recurring Debt:						
Category	Category	Amount Owed	Monthly Payment			
<u>Mortgage</u>						
Automobile Loan						
Credit Card (1)						
Credit Card (2)						
Credit Card (3)						
Credit Card (4)						
Bank Loan (1)						
Bank Loan (2)						
Child Support / Alimony			-			
Other Credit Debt			-			
Totals			14a.			
15. Monthly Living Expenses:						
Expense Category	Monthly Expenditure	Remarks				
<u>Food</u>						
Clothing						
Utilities ( Gas, Water, Electricity, Etc.)						
Insurance ( Life , Home, Auto, Health, Etc.)						
Child Care						
<u>Phone</u>						
Cellular Service						
Television, Cable, Satellite, DSL, Service						
<u>Entertainment</u>						
Miscellaneous Fee's for Services						
Medical Care and Prescriptions						
Other Expenses ( Explain in Remarks)						
Total from Block 14a						
Total Monthly Living Expenses	15a					
16. Applicant's Remarks: (if additional space is required, continue on separate sheet of paper.)						
17. Financial Stability Calculations:						
Estimated Net Family Income (Add blocks 6b, 7b	and 9a):					
Total Living Expenses 15a:						
Differential (+/-):						
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18. I certify that the information given in this statem appropriate) Do / Do Not require any	ent is a true account of my financial oblig special medical attention/treatment.	ations and that my dependents (line out as					
Signature of Applicant	Signature of Sp	ouse					
Authenticating Recruiter ( Type / Print)	Signature of Re	cruiter					
19. Command Representative Interview.							
I have determined member is handling present pers current and expected financial obligations with serv experienced at the onset of enlistment relating to fir	rice pay; and I have counseled the member	er concerning potential problems that may be					
Signature of Command Representative	Rank / Title of Position	Date					
20. Interviewers Comments / Recommendations							
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