

 		U.S. Department of Veterans Affairs		FINANCIAL STATUS REPORT	
1. SOCIAL SECURITY NO.		2. FILE NO.		3. SPECIFY WHY YOU ARE COMPLETING THIS FORM (Waiver, Compromise, Payment Plan or Other)	
(Type or print all entries. If more space is needed for any item, continue under Section VII, Additional Data, Item 36 or attach separate sheet)					
PRIVACY ACT NOTICE: The information you furnish on this form is almost always used to determine if you are eligible for waiver of a debt, for the acceptance of a compromise offer or for a payment plan. Disclosure is voluntary. However, if the information is not furnished, your eligibility for waiver, compromise, or a payment plan may be affected. The responses you submit are considered confidential (38 U.S.C. 5701). The information may be disclosed outside the Department of Veterans Affairs (VA) only when authorized by the Privacy Act of 1974, as amended. VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records, and 88VA244, Benefits Accounts Receivable Records (BARR)-VA. VA systems of records and alterations to the systems are published in the Federal Register. Information that you furnish, including your Social Security Number, may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.					
RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0165, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 60 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VAPRA@va.gov. Please refer to OMB Control No. 2900-0165 in any correspondence. Do not send your completed VA Form 5655 to this email address.					
SECTION I - PERSONAL DATA					
4. FIRST-MIDDLE-LAST NAME OF PERSON			5. ADDRESS (Number and street or rural route, City or P.O. Box, State, and ZIP Code)		
6. TELEPHONE NO. (Include Area Code)		7. DATE OF BIRTH (MM-DD-YYYY)		8. MARITAL STATUS ☐ MARRIED ☐ NOT MARRIED	
9. NAME OF SPOUSE			10. AGE(S) OF OTHER DEPENDENTS		
COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS					
KIND OF JOB	DATES (MM-YYYY)		NAME AND ADDRESS OF EMPLOYER		
	FROM	TO			
11. YOUR EMPLOYMENT EXPERIENCE					
		PRESENT TIME			
12. YOUR SPOUSE'S EMPLOYMENT					
		PRESENT TIME			
SECTION II - INCOME			SECTION III - EXPENSES		
AVERAGE MONTHLY INCOME	SELF	SPOUSE	AVERAGE MONTHLY EXPENSES	AMOUNT	
13. MONTHLY GROSS SALARY (Before payroll deductions)	\$	\$	18. RENT OR MORTGAGE PAYMENT	\$	
14. PAYROLL DEDUCTIONS			19. FOOD		
A. FEDERAL, STATE AND LOCAL INCOME TAXES			20. UTILITIES AND HEAT		
B. RETIREMENT			21. OTHER LIVING EXPENSES		
C. SOCIAL SECURITY					
D. OTHER (Specify)					
E. TOTAL DEDUCTIONS (Items 14A through 14D)					
15. NET TAKE HOME PAY (Subtract Item 14E from Item 13)			22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS (Include amount from Section VI, Line 34I - Column E.)		
16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME (Specify source)			23. TOTAL MONTHLY EXPENSES	\$	
17. TOTAL MONTHLY NET INCOME (Item 15 plus Item 16)	\$	\$			
SECTION IV - DISCRETIONARY INCOME					
24A. NET MONTHLY INCOME LESS EXPENSES (Item 17 less Item 23)			24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT		
\$			\$		

SECTION V - ASSETS

25. CASH IN BANK <i>(Checking and savings accounts, building and loan accounts, etc.)</i>			\$	29. U.S. SAVINGS BONDS <i>(Current Value)</i>		\$
26. CASH ON HAND				30. STOCKS AND OTHER BONDS <i>(Current Value)</i>		
27. AUTOMOBILES <i>(Resale value)</i>				31. REAL ESTATE OWNED <i>(Resale value)</i>		
MAKE	YEAR	MODEL		32. OTHER ASSETS <i>(Specify below)</i>		
28. TRAILERS, BOATS, CAMPERS <i>(Resale value)</i>			\$	33. TOTAL ASSETS		\$

SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS

NOTE: Show below ALL debts which you are required to pay in regular monthly installments, such as a car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. **DO NOT INCLUDE LIVING EXPENSES.**

NAME AND ADDRESS OF CREDITOR (A)	DATE AND PURPOSE OF DEBT (B)	ORIGINAL AMOUNT OF DEBT (C)	UNPAID BALANCE (D)	AMOUNT DUE MONTHLY (E)	AMOUNT PAST DUE <i>(If any)</i> (F)
34A.		\$	\$	\$	\$
34B.					
34C.					
34D.					
34E.					
34F.					
34G.					
34H.					
34I. TOTAL		\$	\$	\$	\$

NOTE: If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in Item 36.

SECTION VII - ADDITIONAL DATA

35A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? IF SO AND VA OR A MORTGAGE COMPANY WAS INVOLVED, SEND ALL PERTINENT DOCUMENTATION ☐ YES ☐ NO <i>(If "Yes," complete Items 35B through 35D)</i>		
35B. DATE DISCHARGED FROM BANKRUPTCY (MM-DD-YYYY)	35C. LOCATION OF COURT	35D. DOCKET NO. <i>(If known)</i>

36. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY.
 IF YOU ARE SUBMITTING FOR FINANCIAL HARDSHIP CONSIDERATION PLEASE INCLUDE THE FOLLOWING ANSWERS: HOW WOULD YOU DESCRIBE YOUR HARDSHIP? HOW WILL YOUR HARDSHIP IMPROVE? WHEN DO YOU EXPECT YOUR FINANCIAL SITUATION TO CHANGE OR IMPROVE BY?

SECTION VIII - APPLICANT CERTIFICATIONS - REQUIRED

37A. YOUR SIGNATURE <i>(Required)</i>	37B. DATE SIGNED	38A. SIGNATURE OF SPOUSE <i>(Required)</i>	38B. DATE SIGNED
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PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.